

Coordination Between MHC HPRs and BES Workers - Wasatch Front

Medicaid Orientation

The MHC HPR will:

Provide initial training to the BES worker on doing the Medicaid orientation, including benefits, client rights & responsibilities, CHEC, family planning, mental health, etc.

Continue to be a resource by attending BES team staff meetings.

The BES worker will:

Educate their clients about the wise use of Medicaid services, Mental Health, family planning, rights & responsibilities, and to emphasize preventative care (especially CHEC). This is mandatory information that must be provided to clients.

HMOs and MMIS Data Entry

The MHC HPR will:

Provide initial training to the BES worker on the Health Maintenance Organizations (HMOs) in their area.

Provide BES worker with hands on training on FOLIO and inputting the HMO selection into the MMIS Recipient File on PF15.

The BES worker will:

This is mandatory training for all workers & supervisors before they begin the client education/HMO enrollment process.

Objectively explain the various Health Maintenance Organizations (HMOs) available to their clients through the Medicaid program by verbally covering the material and using other visual aids. Use FOLIO to assist clients in making an appropriate choice of health care.

Input the HMO selection into the MMIS Recipient File on PF15.

Note: The Choice of Health Care Delivery screen (PF15) needs to be signed by the client just as the HPRs do or by the caseworker if done over the phone.

Refer all Lockin/Restriction client education, health selections or changes to the Lockin/Restriction Coordinators at DOH.

Notate all health selections on CAAL.

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Manual and Training Materials

The MHC HPR will:

Provide BES worker with a manual, including the MMIS System, FOLIO, help windows and reference sections. Provide written updates as needed.

Provide BES worker with the initial training materials to be used in educating Medicaid clients, i.e. Exploring Medicaid, comparison charts, HMO literature, CHEC, Family Dental Plan, doctors with foreign languages lists, HMO Physician Participation Chart, HCFA Facts, mental health, etc.

The BES worker will:

Coordinate with HPR to order, stock and provide the most current Medicaid and HMO literature for their Medicaid clients, i.e. comparison charts, doctors with foreign languages, CHEC, Family Dental Plan, Mental Health, etc.

Initial Training

The MHC HPR will provide initial training to the BES worker on how:

- , To get the HMO selection for additional persons (including unborns) on their cases. Reminder: Unborns need to be registered at the time the mother reports her pregnancy and the HMO selection must match the mother's selection until after the first 30 days of life.
- , To verify the HMO selection with the client and make any corrections to the selection before issuing Medicaid cards to ensure that all auto re-enrolls are correct.
- , To match the HMO selection to private health insurance where necessary.
- , To prevent HMO changes when possible by referring the client back to their HMO or the HPR to resolve difficult or unusual problems. Only make changes in the clients HMO selection when appropriate. A hard copy needs to go into the case and the reasons for the change need to be documented on CAAL and to be recorded on the monthly report.
- , To stay within the time frames for enrollment (the 20th of the month for the next month) because of HMO agreements.
- , To correct any problems resulting from mistakes that have been made in the health selection, data entry and change process.

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On-Going Training

The MHC HPR will:

Provide on-going training to the BES worker to keep them current with any changes that affect the health selection process, i.e. MMIS system changes, HMO contract changes, Medicaid policy and coverage changes, etc.

The BES worker will:

Stay current of changes that affect the health selection process, by participating in ongoing training, i.e. MMIS system changes, HMO contract changes, Medicaid policy and coverage changes, etc.

Problem Solving

The MHC HPR will:

Handle any difficult or unusual problems, i.e. premium pulls, access to health care problems, exemption requests, quality of care complaints, billing problems, etc.

The BES worker will:

Refer difficult or unusual problems to the HPR.

Assignments

The MHC HPR will:

Monitor BES worker by random audit and/or reviewing the blank card lists each month. Review CAAL notes, research complaints received and identify problem areas to be addressed by training.

Do all assignments for non-compliant clients.

The BES worker will:

Provide education and get the health selection for clients that have not had the Medicaid orientation as found on the computer generated lists of clients opened without a health selection.

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HMO/Provider Change Reasons Report

The MHC HPR will:

Provide initial training to BES workers on how to keep statistics on the HMO/Provider Change Reasons report. Supply a master copy of the report to each BES worker. Receive totaled reports from the BES Supervisors on the second working day of the month and include their totals in the monthly report sent to the main office on the third working day.

The BES worker will:

Keep statistics on HMO change reasons by using the HMO/Provider Change Reasons form. Forms given to the BES Supervisor by the first working day of the month. Forms totaled by the BES Supervisor and given to the HPR by the second working day of the month for inclusion into the office stats.

CHIP

The MHC HPR will provide initial and ongoing training to BES workers on CHIP:

- , AFC Healthy Kids, PEHP Exclusive, United Kids Care, PEDP and their participating providers.
- , Enrollment procedures.
- , Data entry procedures and MMIS system programming.
- , Training materials, desk copies, comparison charts, handouts, etc.
- , Retro Medicaid eligibility.

Handle any difficult or unusual CHIP problems, i.e. premium pulls, access to health care problems, quality of care complaints, billing problems, etc.

The BES worker will:

Follow the guidelines for enrolling CHIP beneficiaries.

Refer any difficult or unusual CHIP problems to the HPR.

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Electronic Enrollment

The MHC HPR will:

Provide initial training to BES workers on electronic enrollment.

The BES worker will:

Follow the guidelines for doing electronic transfers of information to the HMOs.

Electronic Enrollment Procedures for Medicaid

1. Educate Medicaid clients as normal and get the HMO selection.

With electronic enrollment it is no longer necessary to give HMO literature to the client. The HMOs will automatically send the literature within a week of enrollment. You will need to give them the HMO business card so they can call the HMO if they have any questions or problems.

The HMOs will provide us with limited amount of literature that may be given to clients who:

- T Are General Delivery (homeless).
- T Are new in the area and have an immediate medical need.
- T Have a translator with them who wants to go over the HMO literature with them.
- T Are in a shelter.
- T Request literature at the counter or are inquiring about changing to another HMO and want to see what other plans are available.

2. Enter the HMO selection into the MMIS system right away. NOTE: With electronic enrollment it is no longer necessary to delay inputting the selection until you are sure the client is eligible.
3. Make a printout of MMIS PF15 for the case record. (Your copy)
4. Make CAAL note about client education and the HMO selection.
5. Notify your MHC HPR by e-mail, hard copy or fax. NOTE: Include any special circumstances in your notification using the following criteria. Your MHC HPR will forward that information to the HMO.

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Special Circumstances

- T Assignments for cases without previous education.
- T Only speak a foreign language.
- T Have an immediate of special health need, i.e. home health, specialist, medical supplies, prescription refills, dialysis.
- T Scheduled for surgery.
- T Likely to be non-compliant.
- T Have a mental health case manager.
- T Cannot be educated.
- T May need case managing.
- T Have a contact person who is not listed as a payee.
- T The pc selection for homeless clients who have selected a plan where that information is required.
- T Hearing impaired.
- T Have special contact instructions.

CHIP

Educate CHIP enrollees and get the health selection (and the primary care provider if applicable) as you would normally. Give out the CHIP health selection's business card to all enrollees.

1. Enter the selection(s) as the last step in opening the case. The health selection triggers eligibility because eligibility does not begin until a premium is paid.
2. Make a printout of MMIS PF15 for the case record. (Your copy)
3. Make CAAL note about client education and the health selection.
4. Notify your MHC HPR by e-mail, hard copy or fax. NOTE: Include any special circumstances in your notification using the criteria shown above. Your MHC HPR will forward that information to the HMO.

Utah Medicaid Provider Manual	Medical Identification Cards
Division of Health Care Financing	Updated July 2002

FEE-FOR-SERVICE MEDICAID CARD

This Medicaid Identification Card has no health maintenance organization or Primary Care Provider identified. The client may receive services from any Medicaid provider of medical, dental, or pharmacy services. Standard information is explained with an example on page 3. Information unique to the Fee-for-Service Card is marked with a numbered circle. Refer to explanation of numbers below.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 3, Fee-For-Service Medicaid.

Ø No health care providers are identified. Client may use any medical, pharmacy, dental, or mental health service provider who accepts Medicaid for the service needed.

DEPARTMENT OF WORKFORCE SERVICES
158 SOUTH 200 WEST
P.O. BOX 45490
SALT LAKE CITY UT 84145

NON-NEGOTIABLE

JANE DOE
1234 FIRST STREET
ANYTOWN UT 84000

NON-NEGOTIABLE

MEDICAID IDENTIFICATION CARD

UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM - JUNE 1, 2002 THRU JUNE 30, 2002

THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSONS TO MEDICAL/DENTAL/PHARMACY SERVICES.

TPL TPL NAME	TPL ID	TPL SEX	DOB	AGE	Ø
DOE, JANE	9999999999	F	01APR64	40	

CO-PAYMENT REQUIRED FOR NON EMERGENCY USE OF THE ER ROOM

THIRD PARTY: MAILHANDLERS

POLICY HOLDER: DOE, JOHN

DOE, JOHN 9999999999 M 01APR82 20

THIRD PARTY: MAILHANDLERS

POLICY HOLDER: DOE, JOHN

NO CO-PAYMENT REQUIRED

DOE, BLANE 9999999999 (F) M 01APR87 15

THIRD PARTY: MAILHANDLERS

POLICY HOLDER: DOE, JOHN

NO CO-PAYMENT REQUIRED

CLIENT: THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL [Prepaid Mental Health Plan] AT [PMHP phone number]. FOR NON-EMERGENCY TRANSPORTATION SERVICES CALL 1-888-822-1048. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR

Utah Medicaid Provider Manual	Medical Identification Cards
Division of Health Care Financing	Updated July 2002

PRIMARY CARE PROVIDER

This Medicaid Identification Card states PRIMARY PROVIDER below eligibility information and above the client's name. Name of the Primary Care Provider is printed next to each client's name. Card is not valid for services from any other physician without a referral from the Primary Care Provider. Pharmacy and dental services may be provided by any Medicaid participating pharmacist/dentist. Standard information is explained with an example on page 3. Information unique to the Primary Care Provider Card is marked with a numbered circle. Refer to explanation of numbers below.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 2, Covered Services, and Chapter 6-9, Physician Referrals

- Ø Primary Care
Provider indicator
- U Primary Care
Provider identified.
Referral required for
any other medical
provider

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Ø PRIMARY PROVIDER		TPL	PRIMARY PROVIDER		
NAME	ID	SEX	DOB	AGE	PRIMARY CARE PHYSICIAN
DOE, JANE	9999999999	F	01APR62	40	U Rural Health Clinic Dental A participating dentist <u>MENTAL HEALTH SERVICES</u> Four Corners Mental Health

COPAYMENT REQUIRED FOR NON EMERGENCY USE OF THE ER ROOM

THIRD PARTY: MAILHANDLERS

FOUR CORNERS MENTAL HEALTH

POLICY HOLDER: DOE, JOHN

DOE, JOHN	8888888888 (F)	M	01APR82	18	PRIMARY CARE PHYSICIAN
THIRD PARTY: MAILHANDLERS					Rural Health Clinic
POLICY HOLDER: DOE, JOHN					Dental
NO CO-PAYMENT REQUIRED					A participating dentist <u>MENTAL HEALTH SERVICES</u> Four Corners Mental Health

* CLIENT: THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL [Prepaid Mental Health Plan] AT [PMHP phone number]. FOR NON-EMERGENCY TRANSPORTATION SERVICES CALL 1-888-822-1048. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR

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RESTRICTED MEDICAID ELIGIBILITY

This Medicaid Identification Card states "RESTRICTED" below eligibility information and above the client's name. Client may only receive services from the providers and pharmacy identified, unless there is a referral from the Primary Care Provider. Dental services may be provided by any Medicaid participating dentist. Standard information is explained with an example on page 3. Information unique to the Restricted Card is marked with a numbered circle. Refer to explanation of numbers below.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 1 - 5, Restriction Program.

DEPARTMENT OF WORKFORCE SERVICES 158 SOUTH 200 WEST P.O. BOX 45490 SALT LAKE CITY UT 84145						NON-NEGOTIABLE
JANE DOE 1234 FIRST STREET ANYTOWN UT 84000						NON-NEGOTIABLE

MEDICAID IDENTIFICATION CARD
UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM - JUNE 1, 2002 THRU JUNE 30, 2002

THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSONS TO MEDICAL/DENTAL/PHARMACY SERVICES.

RESTRICTED	RESTRICTED	RESTRICTED
<u>NAME</u> <u>ID</u> DOE, JANE 9999999999	<u>SEX</u> <u>DOB</u> <u>AGE</u> F 01APR37 65	<u>MEDICAL/PHARMACY</u> HMO, Clinic, Primary Care Provider

Ø Pharmacy services restricted to provider named

Ø Name of specific pharmacy (example: Harmons West #1)

DENTAL _____A

participating dentist

MENTAL HEALTH SERVICES

VALLEY MENTAL HEALTH

Copayment Required for Pharmacy

CLIENT: THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL [Prepaid Mental Health Plan] AT [PMHP phone number]. FOR NON-EMERGENCY TRANSPORTATION SERVICES CALL 1-888-822-1048. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR TOLL FREE AT 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

PROVIDER: IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL

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Division of Health Care Financing	Updated July 2002

HMO: AMERICAN FAMILY CARE OF UTAH (AFC)

This Medicaid Identification Card states name of health maintenance organization (HMO) below eligibility information and above the client's name. Card is not valid for services from any other health care supplier or provider (HMO, physician, hospital facility, home health, medical supplier, etc.) without a referral from the HMO identified. Pharmacy and dental services may be provided by any Medicaid participating pharmacist/dentist. Standard information is explained with an example on page 3. Information unique to the AFC Card is marked with a numbered circle. Refer to explanation of numbers below.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 4, Managed Care Plans.

Ø HMO and TPL indicators

U Medical services covered by the managed care plan.
*Managed care plans do not cover pharmacy, dental, or chiropractic services. The client may choose a provider who accepts Medicaid for the service needed.

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NON-NEGOTIABLE

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THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSONS TO MEDICAL/DENTAL/PHARMACY SERVICES.

Ø AFC-Utah	TPL	AFC-Utah	TPL
NAME	ID	SEX	DOB
DOE, JANE	9999999999	F	01APR92
			AGE
			10
			U AFC
			DENTAL
			A participating dentist
			MENTAL HEALTH SERVICES
			VALLEY MENTAL HEALTH

NO CO-PAYMENT REQUIRED

THIRD PARTY: PEHP

POLICY HOLDER: John Doe

CLIENT: THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL [Prepaid Mental Health Plan] AT [PMHP phone number]. FOR NON-EMERGENCY TRANSPORTATION SERVICES CALL 1-888-822-1048. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR TOLL FREE AT 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

PROVIDER: IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT AT 1-800-821-2237. PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS. THIS IS THE END OF THE MEDICAID IDENTIFICATION CARD.*****000191919 FC

Utah Medicaid Provider Manual	Medical Identification Cards
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HMO: AFC - PLUS

This Medicaid Identification Card states name of health maintenance organization (HMO) below eligibility information and above the client's name. Card is not valid for services from any other health care supplier or provider (HMO, physician, hospital facility, home health, medical supplier, etc.) without a referral from the HMO identified. Pharmacy and dental services may be provided by any Medicaid participating pharmacist/dentist. Standard information is explained with an example on page 3. Information unique to the AFC - PLUS Card is marked with a numbered circle. Refer to explanation of numbers below.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 4, Managed Care Plans.

- Ø HMO and TPL indicators
- U Medical services covered by the managed care plan.
*Managed care plans do not cover pharmacy, dental, or chiropractic services. The client may choose a provider who accepts Medicaid for the service needed.

DEPT OF WORKFORCE SERVICES 40 SOUTH 200 EAST ST GEORGE UT 84770-2831		NON-NEGOTIABLE	
JANE DOE 1234 FIRST STREET ST GEORGE UT 84770-2831		NON-NEGOTIABLE	

MEDICAID IDENTIFICATION CARD
 UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM - JUNE 1, 2002 THRU JUNE 30, 2002

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Ø AFC-PLUS	TPL	AFC-PLUS	TPL																								
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Utah Medicaid Provider Manual	Medical Identification Cards
Division of Health Care Financing	Updated August 2002

HMO: HEALTHY U

This Medicaid Identification Card states name of Health Maintenance Organization (HMO) below eligibility information and above the client's name. Card is not valid for services from any other health care supplier or provider (HMO, physician, hospital facility, home health, medical supplier, etc.) without a referral from the HMO identified. Pharmacy and dental services may be provided by any Medicaid participating pharmacist/dentist. Standard information is explained with an example on page 3. Information unique to this card is marked with a numbered circle. Refer to explanation of numbers below.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 4, Managed Care Plans.

NOTE: **Effective November 1, 1998, the former University Health Network changed its name to Healthy U.**

Ø HMO indicator

U Medical services covered by the managed care plan.

*Managed care plans do not cover pharmacy, dental, or chiropractic services. The client may choose a provider who accepts Medicaid for the service needed.

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MEDICAID IDENTIFICATION CARD

UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM - JUNE 1, 2002 THRU JUNE 30, 2002

THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSONS TO MEDICAL/DENTAL/PHARMACY SERVICES.

Ø Healthy U	Healthy U	Healthy U	
NAME	ID	SEX DOB	AGE MEDICAL/PHARMACY
DOE, JANE	9999999999	F 01APR37	65 U Healthy U DENTAL _____A participating dentist MENTAL HEALTH SERVICES VALLEY MENTAL HEALTH

Copayment Required for Pharmacy

CLIENT: THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL [Prepaid Mental Health Plan] AT [PMHP phone number]. FOR NON-EMERGENCY TRANSPORTATION SERVICES CALL 1-888-822-1048. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR TOLL FREE AT 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

PROVIDER: IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT AT 1-800-821-2237. PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS. THIS IS THE END OF THE MEDICAID IDENTIFICATION CARD.*****000191919 AM

Utah Medicaid Provider Manual	Medical Identification Cards
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HMO: IHC ACCESS

This Medicaid Identification Card states name of Health Maintenance Organization (HMO) below eligibility information and above the client's name. Card is not valid for services from any other health care supplier or provider (HMO, physician, hospital facility, home health, medical supplier, etc.) without a referral from the HMO identified. Pharmacy and dental services may be provided by any Medicaid participating pharmacist/dentist. Standard information is explained with an example on page 3. Information unique to the IHC Access Card is marked with a numbered circle. Refer to explanation of numbers below.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 4, Managed Care Plans.

- Ø HMO indicator
- Ū Medical services covered by IHC Access
*Managed care plans do not cover pharmacy, dental, or chiropractic services. The client may choose a provider who accepts Medicaid for the service needed.

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THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSONS TO MEDICAL/DENTAL/PHARMACY SERVICES.

Ø I.H.C ACCESS	I.H.C. ACCESS	IHC. ACCESS											
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>NAME</u></th> <th style="text-align: left;"><u>ID</u></th> <th style="text-align: left;"><u>SEX</u></th> <th style="text-align: left;"><u>DOB</u></th> <th style="text-align: left;"><u>AGE</u></th> </tr> <tr> <td>DOE, JANE</td> <td>9999999999</td> <td>F</td> <td>01APR37</td> <td>65</td> </tr> </table>	<u>NAME</u>	<u>ID</u>	<u>SEX</u>	<u>DOB</u>	<u>AGE</u>	DOE, JANE	9999999999	F	01APR37	65	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>MEDICAL/PHARMACY</u></th> </tr> <tr> <td> Ū IHC Access <u>DENTAL</u> A participating dentist <u>MENTAL HEALTH SERVICES</u> VALLEY MENTAL HEALTH </td> </tr> </table>	<u>MEDICAL/PHARMACY</u>	Ū IHC Access <u>DENTAL</u> A participating dentist <u>MENTAL HEALTH SERVICES</u> VALLEY MENTAL HEALTH
<u>NAME</u>	<u>ID</u>	<u>SEX</u>	<u>DOB</u>	<u>AGE</u>									
DOE, JANE	9999999999	F	01APR37	65									
<u>MEDICAL/PHARMACY</u>													
Ū IHC Access <u>DENTAL</u> A participating dentist <u>MENTAL HEALTH SERVICES</u> VALLEY MENTAL HEALTH													

Copayment Required for Pharmacy

CLIENT: THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL [Prepaid Mental Health Plan] AT [PMHP phone number]. FOR NON-EMERGENCY TRANSPORTATION SERVICES CALL 1-888-822-1048. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR TOLL FREE AT 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

PROVIDER: IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT AT 1-800-821-2237. PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS. THIS IS THE END OF THE MEDICAID IDENTIFICATION CARD. *****000191919 AM

Utah Medicaid Provider Manual	Medical Identification Cards
Division of Health Care Financing	Updated July 2002

PREPAID MENTAL HEALTH PLAN FOR INPATIENT SERVICES ONLY (Foster Care)

This Medicaid Identification Card states name of Prepaid Mental Health Plan under the Mental Health Services information. The plan is responsible for *inpatient psychiatric services only*. The client may obtain *outpatient* mental health services from any participating Medicaid provider. This unique information is marked with a numbered circle.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 13 - 5, Children in State Custody (Foster Care); SECTION 2, MENTAL HEALTH SERVICES.

DEPARTMENT OF WORKFORCE SERVICES 158 SOUTH 200 WEST P.O. BOX 45490 SALT LAKE CITY UT 84145		NON-NEGOTIABLE	
JANE DOE 1234 FIRST STREET ANYTOWN UT 84000		NON-NEGOTIABLE	

MEDICAID IDENTIFICATION CARD
UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM - JUNE 1, 2002 THRU JUNE 30, 2002

THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSONS TO MEDICAL/DENTAL/PHARMACY SERVICES.

AFC-Utah	TPL	AFC-Utah	TPL
<u>NAME</u>	<u>ID</u>	<u>SEX</u>	<u>DOB</u>
DOE, JANE	9999999999 (F) F	01APR92	10

NO CO-PAYMENT REQUIRED

AFC-Utah	TPL
<u>MEDICAL/PHARMACY</u>	<u>MEDICAL/PHARMACY</u>
AFC	A participating dentist
<u>DENTAL</u>	<u>MENTAL HEALTH SERVICES</u>
	Inpatient Psych: Valley MHC
	Outpatient Psych: Any
	Participating Provider

Ø Prepaid Mental Health Plan for inpatient psychiatric services only. For outpatient mental health, client may use any appropriate Medicaid provider.

THIRD PARTY: PEHP
POLICY HOLDER: John Doe

CLIENT: THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL [Prepaid Mental Health Plan] AT [PMHP phone number]. FOR NON-EMERGENCY TRANSPORTATION SERVICES CALL 1-888-822-1048. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR TOLL FREE AT 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

PROVIDER: IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT AT 1-800-821-2237. PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS.

Utah Medicaid Provider Manual	Medical Identification Cards
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NON-TRADITIONAL MEDICAID PROGRAM

This Identification Card states "NON-TRADITIONAL MEDICAID PROGRAM" at the top. The top third of the card is a tear-away with the client's name and address. The Card is printed on white card stock with a blue background behind the name and address and a blue Department of Health logo on the background of the card. Covered services may be provided by any Medicaid participating dentist. Standard information is explained with an example on page 3.

Reference: Utah Medicaid Provider Manual, SECTION titled "NON-TRADITIONAL MEDICAID PROGRAM".

NOTE: The first month this card was issued was July 1, 2002.

DEPARTMENT OF WORKFORCE SERVICES 158 SOUTH 200 WEST P.O. BOX 45490 SALT LAKE CITY UT 84145						NON-NEGOTIABLE
JANE DOE 1234 FIRST STREET ANYTOWN UT 84000						NON-NEGOTIABLE

NON TRADITIONAL MEDICAID IDENTIFICATION CARD

UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM - JULY 1, 2002 THRU JULY 31, 2002

THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSONS TO MEDICAL/DENTAL/PHARMACY SERVICES.

<u>NAME</u>	<u>ID</u>	<u>SEX</u>	<u>DOB</u>	<u>AGE</u>	<u>MENTAL HEALTH SERVICES</u>
DOE, JANE	9999999999	F	01APR62	40	WEBER MENTAL HEALTH

COPAY/CO-INS FOR: NON-EMERGENCY USE OF THE ER, OUPAT HOSP & PHYSICIAN SVCS, PHARMACY, INPT HOSP

CLIENT: THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL WEBER AT 1-801-625-3700. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR TOLL FREE AT 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

PROVIDER: IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT AT 1-800-821-2237. PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS. THIS IS THE END OF THE NON TRADITIONAL MEDICAID IDENTIFICATION CARD.

*****0001919

19 FM

Utah Medicaid Provider Manual	Medical Identification Cards
Division of Health Care Financing	Updated July 2002

IDENTIFICATION CARD FOR PRIMARY CARE PLAN

Below is a sample Identification Card for clients enrolled in the Primary Care Plan. The top third of the card is a tear-away with the client's name and address. The Card is printed on white card stock with a yellow background behind the name and address and a yellow Department of Health logo on the background of the card. The numbers in circles on the example card below correspond to the explanation to the left of the card.

Reference: Primary Care Plan Manual, available through the Division of Health Care Financing, Utah Department of Health.

NOTE: The first month this card was issued was July 1, 2002.

- Ø Dates of medical eligibility
- Ū Types of services covered
- Ū Primary Care Plan indicator
- Ū Client name
- Ū Identification Number
- Ÿ Sex is M or F: male/female
- Ɔ Date of birth
- β Age
- à Primary Care Network
- á Dental care provider
- 11 Copayment requirement
- 12 Information for client
- 13 Information for provider

DEPARTMENT OF WORKFORCE SERVICES
158 SOUTH 200 WEST
P.O. BOX 45490
SALT LAKE CITY UT 84145

NON-NEGOTIABLE

JANE DOE
1234 FIRST STREET
ANYTOWN UT 84000

NON-NEGOTIABLE

PRIMARY CARE NETWORK IDENTIFICATION CARD

UTAH DEPARTMENT OF HEALTH

Ø **ELIGIBLE FROM - JULY 1, 2002 THRU JULY 31, 2002**

Ū THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSON(S) TO PRIMARY CARE/PHARMACY SERVICES/BASIC DENTAL SERVICES. THIS PROGRAM DOES NOT PROVIDE INPATIENT HOSPITAL CARE OR SPECIALTY CARE

Ū PCN	PCN	PCN	PCN	PCN
Ū	Ū	Ÿ	Ɔ	β
NAME	ID	SEX	DOB	AGE
DOE, JANE	9999999999	F	01APR60	42
/	/	/	/	/
/	/	/	/	/
				à <u>PRIMARY CARE NETWORK</u>
				á <u>DENTAL</u>
				A PARTICIPATING PROVIDER
				A PARTICIPATING DENTIST

11 COPAY REQUIRED: PRIMARY CARE SERVICES, DENTAL, PHARMACY AND ER

* 12 CLIENT: PRESENT THIS CARD BEFORE RECEIVING PRIMARY CARE SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ABOUT THE USE OF THIS CARD OR QUESTIONS ABOUT THE SERVICES THIS PRIMARY CARE, PROGRAM PROVIDES, PLEASE CALL MEDICAID INFORMATION AT 538-6155 OR TOLL FREE 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

13 PROVIDER: IF THIS PATIENT HAS MEDICAL INSURANCE COVERAGE INCLUDING MEDICARE, THE PATIENT IS NOT ELIGIBLE FOR THE PRIMARY NETWORK PROGRAM. IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT 1-800-

Utah Medicaid Provider Manual	Medical Identification Cards
Division of Health Care Financing	Updated July 2002

EMERGENCY SERVICES PROGRAM

This Medical Assistance Identification Card states "EMERGENCY SERVICES" below eligibility information and above the client's name. Client may receive emergency services as specified by Medicaid. Standard information is explained with an example on page 3. Information unique to the Emergency Services Card is marked with a numbered circle. Refer to explanation of numbers below.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 1 - 6, Emergency Services Program.

- Ø Reminder about
Emergency
Services Program
- Ū Emergency
Services indicator
- Ū No health care
providers identified
because service
limited to medical
emergencies only

DEPARTMENT OF WORKFORCE SERVICES 158 SOUTH 200 WEST P.O. BOX 45490 SALT LAKE CITY UT 84145					NON-NEGOTIABLE
JANE DOE 1234 FIRST STREET ANYTOWN UT 84000					NON-NEGOTIABLE

MEDICAID IDENTIFICATION CARD
UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM - JUNE 1, 2002 THRU JUNE 30, 2002

Ø THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSONS TO EMERGENCY SERVICES ONLY.

<p>Ū EMERGENCY SERVICES</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>NAME</u></td> <td style="text-align: center;"><u>ID</u></td> <td style="text-align: center;"><u>SEX</u></td> <td style="text-align: center;"><u>DOB</u></td> <td style="text-align: center;"><u>AGE</u></td> <td style="text-align: center;">Ū</td> </tr> <tr> <td>DOE, JANE</td> <td>9999999999</td> <td>F</td> <td>01APR62</td> <td>40</td> <td></td> </tr> </table>	<u>NAME</u>	<u>ID</u>	<u>SEX</u>	<u>DOB</u>	<u>AGE</u>	Ū	DOE, JANE	9999999999	F	01APR62	40		<p>EMERGENCY SERVICES</p>
<u>NAME</u>	<u>ID</u>	<u>SEX</u>	<u>DOB</u>	<u>AGE</u>	Ū								
DOE, JANE	9999999999	F	01APR62	40									

CLIENT: THIS CARD IS ONLY VALID FOR EMERGENCY SERVICES. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

PROVIDER: THIS CARD IS VALID FOR EMERGENCY SERVICES ONLY (AS DEFINED IN SECTION 1 OF YOUR PROVIDER MANUAL) ALL SERVICES WILL BE REVIEWED PRIOR TO PAYMENT BY THE DIVISION OF HEALTH CARE FINANCING. PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS OR NEED INFORMATION, PLEASE CALL THE MEDICAL INFORMATION UNIT AT 538-6155 OR CALL TOLL FREE 1 (800) 662-9651. THIS IS THE END OF THE IDENTIFICATION CARD.*****000191919 EM

Utah Medicaid Provider Manual	Medical Identification Cards
Division of Health Care Financing	Updated July 2002

QUALIFIED MEDICARE BENEFICIARY (QMB)

This Medicaid Identification Card is printed on white card stock with peach background behind name and address and a peach logo for the Department of Health on the background. The words "QUALIFIED MEDICARE BENEFICIARY" are printed below the eligibility information and above the client's name. This card is valid for Medicare co-payments and deductibles. It is not valid for Medicaid services. Standard information is explained with an example on page 3. Information unique to the QMB Card is marked with a numbered circle. Refer to explanation of numbers below. Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 13 - 6, Qualified Medicare Beneficiary Program,

Ø QMB Program reminder

Ū QMB indicator

Ū Medicare number information

DEPARTMENT OF WORKFORCE SERVICES 158 SOUTH 200 WEST P.O. BOX 45490 SALT LAKE CITY UT 84145						NON-NEGOTIABLE
JANE DOE 1234 FIRST STREET ANYTOWN UT 84000						NON-NEGOTIABLE

QUALIFIED MEDICARE BENEFICIARY COVERAGE
UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM - JUNE 1, 2002 THRU JUNE 30, 2002

Ø THE FOLLOWING QMB BENEFICIARY/IES ARE ELIGIBLE FOR MEDICARE COST SHARING PAYMENT TO BE MADE BY THE UTAH QMB PROGRAM.

Ū	QMB	QMB	QMB		
QMB					
<u>NAME</u>	<u>ID</u>	<u>SEX</u>	<u>DOB</u>	<u>AGE</u>	Ū <u>HIB #</u>
DOE, JANE	9999999999	F	01APR25	77	528-00-0000

COPAYMENT REQUIRED FOR NON EMERGENCY USE OF THE ER ROOM.

CLIENT: THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR TOLL FREE AT 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

PROVIDER: THE PERSONS LISTED ON THIS CARE ARE NOT ELIGIBLE FOR THE MEDICAID PROGRAM. COST SHARING PAYMENT WILL BE MADE FOR MEDICARE COVERED SERVICES ONLY. PLEASE DIRECT QUESTIONS ABOUT UTAH QMB COVERAGE TO 538-6155 OR TOLL FREE 1 (800) 662-9651. PLEASE SUBMIT THE CLAIM FIRST TO INSURANCE COMPANY, THEN TO MEDICARE. ANY ELIGIBLE PORTIONS OF THE CO-INSURANCE AND DEDUCTIBLE WILL BE PROCESSED AT THE SAME TIME THE MEDICARE PORTION IS PROCESSED. PAYMENT WILL BE SHOWN ON YOUR MEDICAID REMITTANCE STATEMENT. IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT AT 1-800-821-2237. PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS. THIS IS THE END OF THE QUALIFIED MEDICARE BENEFICIARY (QMB) IDENTIFICATION CARD. *****000191919 QM

Utah Medicaid Provider Manual	Medical Identification Cards
Division of Health Care Financing	Updated July 2002

FORM MEEU ATTACHED TO MEDICAID CARD

This Medicaid Identification Card has message "IMPORTANT! MEDICAID WILL NOT PAY FOR SERVICES ON ATTACHED FORM "MEEU"! below eligibility information and above the client's name. Client may receive services from any Medicaid provider. However, providers whose services are listed on the attached MEEU will not be reimbursed by Medicaid for the patient's financial obligation. Standard information is explained with an example on page 3. Information unique to the Card with MEEU attached is marked with a numbered circle. Refer to explanation of numbers below.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 6 - 8, Exceptions to Prohibition on Billing Clients, item 2.

Ø Form MEEU indicator.

DEPARTMENT OF WORKFORCE SERVICES 158 SOUTH 200 WEST P.O. BOX 45490 SALT LAKE CITY UT 84145						NON-NEGOTIABLE
JANE DOE 1234 FIRST STREET ANYTOWN UT 84000						NON-NEGOTIABLE

MEDICAID IDENTIFICATION CARD
UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM - JUNE 1, 2002 THRU JUNE 30, 2002

THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSONS TO MEDICAL/DENTAL/PHARMACY SERVICES.

Ø "IMPORTANT! MEDICAID WILL NOT PAY FOR SERVICES ON ATTACHED FORM 'MEEU'!"

<u>NAME</u>	<u>ID</u>	<u>SEX</u>	<u>DOB</u>	<u>AGE</u>	<u>MEDICAL/PHARMACY</u>
DOE, JANE	9999999999	F	01APR37	65	A participating provider
					<u>DENTAL</u>
					Any participating dentist
					<u>MENTAL HEALTH SERVICES</u>
					VALLEY MENTAL HEALTH

Copayment Required for Pharmacy

CLIENT: THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL [Prepaid Mental Health Plan] AT [PMHP phone number]. FOR NON-EMERGENCY TRANSPORTATION SERVICES CALL 1-888-822-1048. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR TOLL FREE AT 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

PROVIDER: IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT AT 1-800-821-2237. PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS. THIS IS THE END OF THE MEDICAID IDENTIFICATION CARD. *****000191919 AM

Utah Medicaid Provider Manual	Medical Identification Cards
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INSTRUCTIONS FOR FORM MEEU

The Medicaid client has assumed responsibility to pay a portion of their medical bills. Medicaid will NOT pay the portion of the bill that is the client's financial obligation. Form MEEU lists the bills and the amount of the client's obligation. Form MEEU is titled "Medical Expenses Used." It lists each medical service for that month for which the client has financial responsibility. On the MEEU below are two examples of a client's financial obligation for medical services. Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 6 - 8, Exceptions to Prohibition on Billing Clients, item 2.

- Ø Number of pages for form
- U Date form issued
- U Name of responsible client
- U Month of Eligibility
- U Instructions to client
- Y Patient Medicaid I.D. number
- P Patient name
- B Provider name & address
- à Date of service
- á Type of service
- 11 Total bill, according to patient
- 12 Client's financial obligation. Medicaid deducts this amount from the reimbursement amount.
- 13 Instruction to provider (Do not bill a partial charge. Medicaid deducts client's obligation from amount billed.) Because the client obligation is equal to the entire charge, the Medicaid reimbursement will be zero.

DEPARTMENT OF WORKFORCE SERVICES
2540 WASHINGTON BLVD.
P. O. BOX 349
OGDEN UT 84402-349

JANE DOE
1234 FIRST STREET
ANYTOWN UT 84000 MEEU

Ø
PAGE 1 OF 1
U

MEDICAL EXPENSE USED

29JUN02 17:10

WARNING! MEDICAID WILL NOT PAY ALL CLAIMS FOR ELIGIBLE CLIENTS!

U CASE NAME: DOE, JANE

CASE NUMBER: 123456
U BENEFIT MONTH: JUN02

U YOU AGREE TO PAY CHARGES LISTED BELOW. EACH PROVIDER MAY BILL YOU FOR THE AMOUNT YOU OWE. THE PROVIDER MAY ALSO BILL MEDICAID WHEN THE CHARGE FOR A SERVICE IS MORE THAN THE AMOUNT YOU OWE. IF YOU HAVE A QUESTION ABOUT YOUR FINANCIAL RESPONSIBILITY, PLEASE CALL YOUR MEDICAID ELIGIBILITY WORKER. YOUR PROVIDER SHOULD CALL THE MEDICAID INFORMATION LINE AT 538-6155 OR 1-800-662-9651 FOR QUESTIONS ABOUT YOUR FINANCIAL RESPONSIBILITY OR BILLING MEDICAID.

THIS MEEU REPLACES ANY MEEU WITH AN EARLIER DATE!

Y CLIENT NUMBER: 90050777 P CLIENT NAME: SMITH, JOHN

B PROVIDER NAME: DR. HENRY BROWN

PROVIDER ADDRESS: 125 WASHINGTON ST. SALT LAKE CITY, UT 84111

à BEG. DATE SERVICE: 07JUN02 END DATE SERVICE: 07JUN02

á SERVICE TYPE: PHYSICIAN

THE TOTAL MEDICAL BILL IS \$250.00.

12 THE CLIENT IS RESPONSIBLE TO PAY \$125.00 FOR THIS SERVICE.

13 THE TOTAL CHARGE MAY BE BILLED TO MEDICAID.

CLIENT NUMBER: 90050777 CLIENT NAME: SMITH, JOHN

PROVIDER NAME: DR. HENRY BROWN

PROVIDER ADDRESS: 125 WASHINGTON ST. SALT LAKE CITY, UT 84111

BEG. DATE SERVICE: 15JUN02 END DATE SERVICE: 15JUN02

SERVICE TYPE: PHYSICIAN

11 THE TOTAL MEDICAL BILL IS \$75.00.

12 THE CLIENT IS RESPONSIBLE TO PAY \$75.00 FOR THIS SERVICE.

13 MEDICAID WILL PAY \$0.00 FOR THIS SERVICE.

FOR QUESTIONS ABOUT CLIENT'S FINANCIAL RESPONSIBILITY FOR SERVICES ON

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INTERIM VERIFICATION OF MEDICAID ELIGIBILITY: FORM 695

Form 695 is printed on 8 1/2 x 11 white paper. Card is a substitute for the Medicaid card. If a stamped message "NOT VALID WITHOUT MEEU ATTACHED" appears on form, refer to instructions for Form MEEU.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 5 - 2, Interim Verification (Form 695)

Ø Box 1: Indicates local Medicaid Office

Ü Period of validity

Ü Client's name and identification number: either a 10 digit number, or 9 digits with an X or 8 digits with TX

Ü Name of the Primary Care physician, HMO enrollment, and/or Prepaid Mental Health Plan follow client's number

Ü Type of medical plan

Ý Code for Co-Pay

ò Pharmacy

ó Third Party Liability (insurance) information

ô Signature of Medicaid eligibility worker

Utah-DOH-BES
Form 695P 05/02

24 30 122

Ø

Office

UTAH DEPARTMENT OF HEALTH INTERIM VERIFICATION OF MEDICAL ELIGIBILITY

TO MEDICAL PROVIDERS: This form serves as interim verification of eligibility while a medical card is being produced for newly approved recipients or to replace a stolen/lost card.

! The eligibility period cannot extend more than 30 days past the day the form is signed.

! If the Primary Physician, HMO area is blank, then any physician may render service. If a HMO is identified, then services must be provided by that HMO. These areas do not apply to any other provider types.

! When you submit your claim to Medicaid, be sure to include the correct ID Number of the patient on your claim form.

! A Plan Type and Co-pay Code must be listed for each individual on this form.

! Please return the Form 695P to the Medicaid client.

The following persons are eligible to receive Title XIX Medicaid services during the period. (Not to exceed 30 days)

Ü Dates _____ to _____

NAME	ID NUMBER	PRIMARY PHYSICIAN OR HMO	PLAN TYPE* (Required Field)	CO-PAY CODE** (Required Field)
	_____X			
	_____X			
	_____X			
	_____X			
	_____X			
	_____X			

* **PLAN TYPE** Traditional Medicaid - TM Non-Traditional - NT PCN - PC

****CO-PAY CODES:** A. Non-Emergency Use of the ER, Outpatient Hospital & Physician Services, & Pharmacy
B. No Co-Pay Required

Þ Pharmacy is _____ (Required field)

ß The client(s) have health insurance with _____ (Please bill insurance prior to billing Medicaid)

à _____
Signature of Authorized Representative Date

FOR STATE USE ONLY

Case Name _____ Case Number _____ Program Type _____ Team _____
Address _____

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“BABY YOUR BABY” IDENTIFICATION CARD

The “Baby Your Baby” Form is printed on pink cardstock, size 8.5" by 5.5". This form entitles the eligible woman to outpatient pregnancy related services. Note the expiration date on the form. **Card must be shown every time service is given! Dates of eligibility strictly limited to the dates on client's card.**

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 13 - 1, Presumptive Eligibility Program

- Ø Dates of eligibility (See also **P**)
- Ù Client name
- Ú Client I.D. number which ends with “V”
- Û TPL Information (Insurance)
- Ü Reminder of service limitations
- Ý Name, address, & phone number of provider who determined client eligibility
- Þ A Medicaid Eligibility worker may extend the end date of eligibility. If so, worker enters new expiration date and signature in this area.
- ß Billing information

UTAH DEPARTMENT OF HEALTH COMMUNITY and FAMILY HEALTH SERVICES DIVISION PRESUMPTIVE ELIGIBILITY/ PERINATAL PROGRAM	
Utah Department of Health	Baby Your Baby
IDENTIFICATION CARD	
Ø Eligibility from ____ / ____ / ____ thru: ____ / ____ / ____ M M D D Y Y M M D D Y Y	
Ù Client Name _____ Last First MI	Ú I.D. No: ____ - ____ - ____ - ____ - ____ - ____ Birthdate: ____ / ____ / ____ Mo Day Yr
Û Health Insurance: _____ Address: _____	Ý Qualified Provider: _____ Address: _____
Ü Name of Insured: _____ Group #: _____ I.D.#: _____	Þ Signature of the Qualified Provider Worker
Ü I certify that the above information is correct. I understand that this card entitles me to outpatient pregnancy related services. No delivery/ childbirth expenses are covered by this card.	ß Send claims to: Utah Department of Health Bureau of Medicaid Operations Box 143106 Salt Lake City UT 84114-3106
Signature of Client _____ Date _____	For billing or eligibility questions: Salt Lake area (801) 538-6155. Outside Salt Lake area call: 1-800-662-9651
WARNING: ANY ALTERATION OF THIS CARD VOIDS THE CARD IMMEDIATELY.	

BACK OF CARD

BILLING INSTRUCTIONS
To the client:
1. You need to apply for Medicaid at the Department of Workforce/Eligibility Services by the expiration date on the front of this card. You are urged to do this as soon as possible.
2. You must take this card with you for services to be provided.
3. If your card is nearing expiration and you have not been approved or denied Medicaid, contact your caseworker at the Department of Workforce/Eligibility Services.
4. This card must be returned to your qualified provider when:
a. You have been notified of approval or denial for Medicaid, or
b. It expires.
5. Always take this card with you to any appointments with the Department of Workforce/Eligibility Services
To the provider:
1. Reimbursement for services will be paid through the Utah Medicaid billing system utilizing Medicaid's reimbursement policies and payment rates. Send all claims to the address noted on the front of this card.
2. Only outpatient pregnancy related services will be reimbursed. No claims for deliveries, global fees, or any inpatient services will be reimbursed under the Presumptive Eligibility (Baby Your Baby) Program.
3. No reimbursement for covered Medicaid services will be made by this program if payments for such services can be obtained from other third party sources.
4. Any extension of eligibility can be granted only by the client's Department of Workforce/Eligibility Services caseworker and must be indicated by the authorized stamp on the front of this card.
5. If you have questions on the client's eligibility, please contact: Perinatal Care Coordinator
(Please type or print)

Utah Medicaid Provider Manual	Medical Identification Cards
Division of Health Care Financing	Updated July 2002

FORM MI-706: REQUEST FOR MEDICAL INFORMATION (Administrative Physicals)

The Department of Workforce Services uses a unique form to request an administrative physical required to determine Medicaid eligibility based on the applicant's ability to work. The completed medical information form should be returned to the eligibility worker as directed, and the reimbursement agreement should be retained by the provider for his or her records. The form is printed on 8 1/2 x 11 white paper. For more information, please refer to the October 1996 Medicaid Information Bulletin, *New Billing Form and Process for Reimbursement for Administrative Physicals*.

Ø Instructions to provider

U Preprinted authorization number

U Client information

U Dates of Eligibility – strictly limited

U Services will be indicated

Y CPT codes for services covered

P Health Care Provider identified

B Date, office, telephone number and signature of certifying worker

<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> </div> <div style="width: 60%; text-align: center;"> Division of Health Care Financing (DHCF) Reimbursement Agreement (MI-706) Request for Medical Information </div> </div>																								
<p>Ø The State of Utah is in need of medical and/or psychiatric information about the individual named below. We ask that you provide your findings: 1. By providing copies of your medical records, <u>or</u> 2. By completion of the attached Medical report, (completion of a typed report which includes information requested in the relevant sections of the report form is an acceptable alternative). If you cannot complete the report without doing tests and/or x-rays in addition to the exam, call the Administrative Physical Health Program Representative indicated on the back of this form, and they will determine whether or not reimbursement can be provided for the additional services. Brief instructions regarding reimbursement procedures are provided on the reverse side of this form.</p>																								
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Prior Authorization Number N° 0000000 </div>																								
<p>U</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1. Last Name</td> <td style="width: 25%;">2. First Name</td> <td style="width: 10%;">3. Initial</td> <td style="width: 15%;">4. Date of Birth</td> <td style="width: 15%;">5. Sex</td> </tr> <tr> <td colspan="2">6. Client I.D. Number</td> <td colspan="2"> U 7. Date of Eligibility From: _____ To: _____ </td> <td>8. County Code</td> </tr> </table>					1. Last Name	2. First Name	3. Initial	4. Date of Birth	5. Sex	6. Client I.D. Number		U 7. Date of Eligibility From: _____ To: _____		8. County Code										
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6. Client I.D. Number		U 7. Date of Eligibility From: _____ To: _____		8. County Code																				
<p>U DHCF will provide reimbursement for:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">9.*</td> <td>10. SERVICE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>provide Medical records only (bill Y9051**)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Completion of the attached form, or a typed report (bill Y9055** if no exam performed), and exam if necessary</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Lab test(s)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>X-ray(s) and x-ray interpretation</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other, specifically:</td> </tr> </table>					9.*	10. SERVICE	<input type="checkbox"/>	provide Medical records only (bill Y9051**)	<input type="checkbox"/>	Completion of the attached form, or a typed report (bill Y9055** if no exam performed), and exam if necessary	<input type="checkbox"/>	Lab test(s)	<input type="checkbox"/>	X-ray(s) and x-ray interpretation	<input type="checkbox"/>	Other, specifically:								
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<input type="checkbox"/>	Other, specifically:																							
<p>*X in this column indicates which services are authorized for reimbursement **Not a Medicaid benefit, paid from another funding source</p>																								
<p>Y CPT codes which are authorized for reimbursement are:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11.</td> <td style="width: 55%;">12. Service(s)</td> <td style="width: 15%;">13. Unit(s)</td> <td style="width: 20%;">14. Code(s)</td> </tr> <tr> <td>1</td> <td>As indicated by a check in column 9</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> </tr> </table>					11.	12. Service(s)	13. Unit(s)	14. Code(s)	1	As indicated by a check in column 9	1		2				3				4			
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Utah Medicaid Provider Manual	Medical Identification Cards
Division of Health Care Financing	Updated July 2002

FORM MI-706: STATE MEDICAL SERVICES PROGRAM (Custody Medical Care/Foster Care)

The Department of Human Services uses a unique form to authorize health care services for a person eligible for a State Medical Services Program. When Form MI-706 titled STATE MEDICAL SERVICES is authorized, the claim is processed and reimbursed as if it were a Medicaid claim. The form is printed on 8 1/2 x 11 white paper. As an example of a State Medical Services Program, refer to SECTION 1, Chapter 13 - 4, Custody Medical Care Program, and Chapter 13 - 5, Children in State Custody (Foster Care).

☐ Instructions to provider

☐ Preprinted authorization number

☐ Client information


☐ Dates of Eligibility – strictly limited

☐ Patient symptoms indicated

☐ Authorized services

☐ Health Care Provider identified.

☐ Date, office, telephone number and signature of certifying worker

		State Medical Services (SMS) Reimbursement Agreement (MI-706)	
<h1>STATE MEDICAL SERVICES</h1>			
<p><input type="checkbox"/> The individual named below has been found eligible to receive service under the Division of Health Care Financing - State Medical Services Program (SMS), for the dates indicated. The Division of Health Care Financing agrees to provide reimbursement for treatment, at Medicaid rates. Brief instructions regarding reimbursement procedures are provided on the reverse side of this form.</p>			
<input type="checkbox"/>			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Prior Authorization Number N° 0000000 </div>			
<input type="checkbox"/>			
1. Last Name	2. First Name	3. Initial	4. Date of Birth
6. Client I.D. Number		<input type="checkbox"/> 7. Date of Eligibility From: _____ To: _____	
		8. County Code	
<input type="checkbox"/> SMS will provide reimbursement for treatment of the following condition(s) and/or symptoms:			
Line No.	10. Description of condition(s) and/or symptom(s):		
1			
2			
3			
<input type="checkbox"/> SMS will provide reimbursement for the following services:			
Line No.	12. Identification of Authorized Service(s)	13. Unit(s)	14. Code(s)
1			
2			
3			
4			
<input type="checkbox"/> 15. _____ Provider Name		<input type="checkbox"/> 17. _____ 18. _____ 19. _____ M M D D Y Y Form and Program Reviewer ID	
		20. _____ Certifying Signature Telephone	

For best coordination of benefits
the following TPL matches are recommended

IHC

IHC ACCESS to any IHC plan
SelectMed / SelectMed Plus
IHC Direct / IHC Direct Plus
Health Choice
IHC Care / IHC Care Plus

Healthy U

University Health Network

American Family Care

no match

For third party liability information call
ORS Team 82 at 1-800-821-2237

MENTAL HEALTH SERVICES

Contact people at the Department of Health, Health Care Financing

Karen Ford (Managed Health Care)
Merrila Erickson (Managed Health Care)
Urla Jeane Maxfield (Coverage & Reimbursement, Detox only)
Barbara Christensen (Managed Health Care)

Pre-Paid Mental Health Plan Providers and contacts

Bear River Mental Health (Trent Wentz)	801-752-0750	Box Elder, Cache, Rich Counties Sue Cheshire for brochures
Weber Mental Health (Pat Wells)	801-625-3700 801-625-3757	Weber & Morgan Counties Same contact for brochures
Davis Mental Health (Wayne Owen)	801-451-7799	Davis County Same contact for brochures
Valley Mental Health (Debra Falvo-Adults, Ann Foster-children)	801-263-7100	Salt Lake, Summit, and Tooele Counties Gene Davis for brochures
Wasatch Mental Health (Bobbie Pillar)	801-373-4760	Utah & Wasatch Counties Dawnalyn Hall for brochures
Central Utah Mental Health (Kathy Hobby)	801-462-2416	Piute, Sevier, Juab, Wayne, Millard, Sanpete County Cynthia Allred for brochures
Four Corners Mental Health (Price) (Susan Godschalx) (Moab)	801-637-7200 801-259-6131	Carbon, Emery, Grand Counties Gordon Hicks for brochures
Southwest Mental Health (Paul Thorpe)	801-628-0426 801-628-0427	Beaver, Garfield, Iron, Kane, Washington County Brenda Jorgensen for brochures

Non Pre-Paid Mental Health Providers

Uintah Basin Counseling	801-781-0743	Duchesne, Uintah, Daggett Counties
San Juan Mental Health	801-678-2274	San Juan County

Foster Care

These children are enrolled in a Pre-Paid Mental Health Plan for Inpatient psychiatric hospitalizations only. Outpatient Mental Health services may be provided by any participating Medicaid mental health provider.

Miscellaneous Information

HMO's are not responsible for any **mental health services** or **substance abuse treatment services**.

Detox is considered a **medical service** and is the **responsibility** of the **HMO**. In some areas of the state, the local community mental health centers also provide substance abuse services. The following mental health centers are also substance abuse providers:

Davis Mental Health
Central Utah Mental Health
4 Corners Mental Health
South West Mental Health
San Juan
Uintah Basin

The following mental health centers do offer substance abuse services, however, there are other participating Medicaid substance abuse providers as well in these areas:

Valley Mental Health (including Tooele)
Wasatch Mental Health

The following mental health centers do not offer substance abuse services:

Bear River Mental Health	(The local county health department is the provider in the Bear River area).
Weber Mental Health	(Weber Substance Abuse is the provider in Weber County).

Forms Order List

BES000 1-02

Fax # 538-6427

Order Date _____

Name _____

Phone Number _____

#	Eligibility Form Description	Last Date	Order Amt.	Fill
17	PMV - (ABD, Waiver)	11-98		
17S	PMV- Spanish	11-97		
19	TPL	6-00		
19S	TPL - Spanish	11-00		
20	Medical for Review Board	1-98		
20M	Mental Health for Review Board	1-98		
21	Incapacity - FM only	3-00		
24	Medical Trans & Lodging	8-00		
048	Duty of Support (NH)	01-98		
61AA	Affidavit of Citizenship	10/00		
61AD	Medical Addendum	10-00		
61AFA	Foreign Adoption	04-01		
61I	Nursing Home Review Form	6-00		
61LT	Long Term Care Medicaid Application (NH)	10-00		
61M	Application	12-01		
61MR	Medical only Review	8-00		
61MRS	Medical Review-Spanish	9-00		
61MS	Application - Spanish	4-00		
62NH	Assessment of Assets	5-99		
79R	Refund request	2-98		
114M	Information release	7-98		
114MP	Medical Provider release	7-98		
114MS	Information release-SP	7-98		
121	Review Board Cover sheet	11-98		
124M	Request for Verifications	1-00		
124MS	Request for Verifications -Spanish	8-01		
354	Disability Application	11-98		

Order Tag

619B	Deprivation of Support	1-98		
632T	TR Quarterly Report	10-00		
695P	Interim Verification of Medicaid Eligibility	1-98		
707	Miscellaneous Service Voucher	10-99		
727B	Screen Scan ½ sheet	5-00		
927	Waiver Request	1-00		
941MS	Paternity-Spanish	8-01		
947	Provider Letter - Medical Review	11-98		
1049	Spenddown Statement	4-00		
1049S	Spenddown Statement Spanish	1-98		
PM921	Emergency Medicaid English/Spanish	1-00		
PM925	Are You Self-Employed?	1/01		
PM962	Disabilities/UMAP	9-00		
PM969	May I Be Of Service (NH)	8-99		
PM980	What is Medicaid?	1-00		
PM983	Medicaid Work Incentive	7-01		
PM984	Disability Process	12-99		
PM985	QMB/SLMB	4-01		
PM986	Medicare and Medicaid?	4-00		
PM990	Spenddown	6-00		
990S	Spenddown -Spanish	7-98		
PM992	Assessment of Assets	7-99		
PM993	Home and Community Based Waiver	6-00		
PM994	Estate Recovery	7-00		
PM995	Child Support Req.	6-00		

Date Shipped

Comments: _____

Forms Order List

MHC000 7-02

Managed Health Care Forms ONLY

FAX THIS FORM TO (801)538-6427

Order Date _____

Name _____

Phone Number _____

#	Eligibility Form Description	Last Date	Order Amt	Fill
MHC-1	Speak Up HMO	6-99		
MHC-2	Speak Up HMO Spanish	9-99		
MHC-3	Speak Up Rural	10-00		
MHC-4	Speak Up Rural Spanish	10-00		
MHC-5	CHEC Booklet English	2-02		
MHC-6	CHEC Booklet Spanish	4-02		
MHC-702W	Adult Comp Form Wasatch	7-02		
MHC-702R	Adult Comp Form Rural	7-02		
HCF-18	Referral Form	6-92		
HCF-19	Choice of HC Delivery	9-01		
PM-977	Exploring Med Wasatch	2-02		
PM-977A	Exploring Med Rural	2-02		
PM-977S	Exploring Med Spanish	2-02		
PM-977AS	Exploring Med Rural Sp	2-02		
BMC978E	Important Info About Medicaid	7-99		
BMC-978B	Bosnian	7-99		
BMC978SA	Somalian	7-99		

BMC978SP	Spanish	7-99		
	Dental Benefits Guide	6-02		
PM-0702	PCN Brochure	8-02		

SHIPPING ADDRESS FOR ORDER

Warehouse Bob's Number (801) 509-8103
Employee Support's Number (801) 538-6109

Comments:

Name of Person Completing Order

Date Order Sent

Complaints and Grievances

HMOs:

The complaints and grievances are listed in a data base in connection with enrollment and disenrollment. The Health Program Representatives (HPRs) receive most of the complaints. They work with the HMO to solve problems. If the Health Program Representative is unable to resolve the complaint, they refer the problem to Carole Graver or Patti Fuhriman. If Carole or Patti is unable to resolve the problem, they refer it to the staff of the Bureau of Managed Health Care.

Calls pertaining to complaints or questions concerning HMO clients should be referred to your local HPR:

NO	Ogden HPR	626-3351
NC	Clearfield HPR	776-7377
CD	Downtown HPR	524-9071
CR	Metro HPR	536-7112
CS	So. County HPR	269-4860
CM	Midvale HPR	567-3835
CW	West Valley	840-4456
WP	Provo HPR	374-7864
WA	American Fork HPR	374-7864
WO	Payson HPR	374-7864

Carole Graver	538-6522 (For access problems or questions)
Patti Fuhriman	538-6506 (For access problems or questions)

Elizabeth Fisher	538-6463 (For billing problems or questions)
Jill Wrathall	538-6673 (For billing problems or questions)

Marilyn Tucker	(Any complaint concerning <u>medical</u>
538-6582	<u>care received</u>)
Darlene Benson	
538-9914	
Wanda Gutierrez	
538-9484	
Barbara Christensen	
538-6456	

PREPAID MENTAL HEALTH PLANS:

Calls pertaining to complaints or questions concerning prepaid mental health plan clients should be referred in the following order.

Karen Ford	538-6637
Merrila Erickson	538-6501
Barbara Christensen	538-6456

Access Now

Utah Medicaid

Division of Health Care Financing

June 2002

Medicaid patient eligibility information is available through the AccessNow information line. You need only:

- < A touch-tone phone
- < Your 12 digit Medicaid Provider Number
- < Patient's 10 digit Medicaid ID number
- Or
- < Patient's Social Security Number and Date of Birth
- < Date of Service

Advantages of AccessNow:

- ' AccessNow is open 7 days a week
Monday - Saturday 6:00 a.m. to Midnight
Sunday Noon to Midnight
- ' Toll free phone numbers:
(801) 538-6155 in the Salt Lake City area

(800) 662-9651 for the rest of Utah and surrounding states
- ' Callers may make any number of inquiries per call

AccessNow gives the following information:

- / Patient Eligibility
- / Scope of Benefits (Medicaid, Non-Traditional Medicaid, PCN, QMB, UMAP, Emergency Service, and "Baby Your Baby")
- / HMO Enrollment
- / Primary Care Physician
- / Restricted Program
- / Other Insurance (Including Medicare)

Health Care Financing administers multiple benefit programs. Providers should be familiar with limitations and scope of coverage.

Dialing AccessNow

Dial the Medicaid information line:
To select AccessNow press "1" during the first menu.
Press "1" to access eligibility information.

Enter your 12 digit Medicaid Provider Number.
AND

The client's 10 digit Medicaid ID Number or Social Security Number and Date of Birth (**NOTE:** For Baby Your Baby clients use the 9 digit number plus an asterisk).

Enter the Date of Service (MMDDYY) or press "*" to default to the current date.

AccessNow will provide you with one of the following messages:

- / Patient eligibility
- / No record found with that ID
- / Invalid Date of Birth (if using a Social Security Number)
- / Invalid Date of Service



Utah Medicaid/UMAP AccessNow
Online Eligibility
(801) 538-6155 or (800) 662-9651

- | | |
|----------|--|
| 1 | To Listen to Information |
| 2 | To Skip Information |
| 3 | To Transfer to the Customer Service Unit |
| 5 | For Scope of Benefits |
| 8 | To enter the next client ID |
| # | To Replay Information |
| 9 | To End the Call |

Your Provider Number _____

Open Monday Through Saturday 6:00 a.m. to 12:00 a.m.
Sunday 12:00 p.m. to 12:00 a.m.

HMO APPEALS PROCESSES

American Family Care

- ◆ Call or write a letter of appeal to the Appeals Board at:

Appeals Board
PO Box 8543
Midvale, Utah 84047
1-888-483-0760 (toll free)
858-0400 (in SLC)



Include any supporting documentation such as referrals, claims, itemized bills, letters from doctors, etc. American Family Care has 30 days in which to answer an appeal. You have up to a year to appeal after receiving a denial for coverage.

Intermountain Health Care - For dates of service before 10/01/02

- ◆ Request an appeals form. Fill out the appeals form addressed to:

IHC Customer Relations
PO Box 30192
4646 W. Lake Park Blvd.
West Valley City, Utah 84130
1-800-442-9023



Include any supporting documentation such as referrals, claims, itemized bills, letters from doctors, etc. You have up to a year to appeal after receiving denial for coverage.

MedUtah - No Longer Contracts with the State

- ◆ Write a letter of appeal to the Appeals Board at:

Appeals Board
PO Box 30270
Salt Lake City, Utah 84130
1-800-624-6519 (toll free) or 481-6176 (in SLC)

Include information from provider and any information that would convince the board that the denial should be reversed and is medically necessary. Include a copy of the denial letter. You must do this within 60 days of the date of the denial letter. A letter will be returned to you, after review, up to 30 days later.

Altius - No Longer Contracts with the State

- ◆ Write a letter of appeal to the Appeals and Grievance Committee at:

Appeals and Grievance Committee
10421 So. Jordan Gateway, Suite 400
South Jordan, Utah 84095
1-800-377-4161 (toll free)
323-6200 (in SLC)

Include information from the provider and any information that would convince the committee that the denial should be reversed and is medically necessary. Include a copy of the denial letter. You may appeal a decision up to a year after the denial was made. Altius has up to 30 days to respond

HMO APPEALS PROCESSES

***United MedChoice* - No Longer Contracts with the State**

Send a letter of grievance to:

Grievance Committee
2795 East Cottonwood Parkway, Suite 300
Salt Lake City, Utah 84121
1-800-401-0666 (toll free)
944-7010 (in SLC)



Include any supporting documentation such as referrals, claims, itemized bills, letters from doctors, etc. United has up to 30 days in which to answer an appeal.

Healthy U

Call or write a letter of appeal to Member Services at:

Healthy U

Member Services

PO Box 45180
Salt Lake City, Utah 84145-0180
35 W. Broadway
Salt Lake City, Utah 84101
741-8900 (in SLC)
1-888- 271-5870(toll free)

Include any supporting documentation such as referrals, claims, itemized bills, letters from doctors, etc. University Health Network has 30 days in which to answer an appeal.

If you are not satisfied with the HMO findings, the Medicaid card is blank or if there is a primary care physician listed on the Medicaid card, you may make a written request for a formal hearing by writing to:

Formal Hearing Office
PO Box 142901
288 N 1460 W
Salt Lake City, Utah 84114-2901

During a formal hearing you may represent yourself, use legal counsel or another spokesperson.

COMPARISON OF BASIC BENEFITS BETWEEN MEDICAID AND CHIP

<u>BENEFITS</u>	<u>PLAN A</u>	<u>PLAN B</u>	<u>MEDICAID</u>
Out of pocket maximum	\$500 per family	\$800 per family	
Inpatient hospital	Plan pays 100% of allowed charge	Plan pays 90% of allowed charge	Pays 100% of allowed charge
Out-patient hospital	Plan pays 100% of allowed charge	Plan pays 90% of allowed charge	Pays 100% of allowed charge
Pre-existing Conditions	Covered	Covered	Covered
Physical Therapy	\$5 co-pay	\$10 co-pay	No co-pay
Office visit	\$5 co-pay (well child exams no co-pay)	\$10 co-pay (well child exams no co-pay)	No co-pay
Laboratory	Plan pays 100% of allowed charge	If less than \$50 plan pays 100% allowed charge...if more than \$50 plan pays 90%	Pays 100% of allowed charge
X-rays	Plan pays 100% of allowed charge	If less than \$100 plan pays 100% allowed charge...if more than \$100 plan pays 90%	Pays 100% of allowed charge
Emergency Room	\$5 co-pay for emergencies or \$10 co-pay for non-emergencies	\$30 co-pay per visit	No co-pay for emergencies or \$6 co-pay for non-emergencies
Ambulance	Plan pays 100% of allowed charge	Plan pays 100% of allowed charge	Plan pays 100% of allowed charge
Medical equipment	Plan pays 100% of allowed amount	Plan pays 80% of allowed amount	Pays 100% of allowed amount
Pharmacy	\$2 per prescription	\$4 per prescription or 50% for brand names not on formulary	No co-pay for pharmacy for children under 18
Dental	Plan pays 100% of allowed amount	Plan pays 100% of allowed amount (for fillings plan pays 80%)	Pays 100% of allowed amount
Vision Screening	Plan covers \$30 eye exam	Plan covers \$30 eye exam	Pays for yearly eye exam and bi-yearly glasses (basic lens/basic frame)
Hearing Screening	Plan covers \$30 exam	Plan covers \$30 exam	Covers medically necessary services
Immunizations and Well Child Care	Plan pays 100% of allowed amount	Plan pays 100% of allowed amount	Pays 100% of allowed amount
Family Planning	Plan pays 100% of allowed amount	Plan pays 100% of allowed amount	Pays 100% of allowed amount

NOTE: Hand out to Medicaid applicants only. Updated 11/23/99

Month _____ Office _____ HPR name (s) _____

Reasons for Utah Medicaid HMO Selection

		AFC	Healthy U	IHC	United
Access A1	<u>Doctor (PCP) affiliation:</u> Client's preferred dr(s) are on HMO's panel.				
A2	<u>Doctor (specialist's) affiliation:</u> Client's preferred specialty dr(s) are on HMO's panel.				
A3	<u>Hospital affiliation:</u> Client's preferred hospital(s) are on the HMO's panel.				
A4	<u>Doctor & hospital affiliation:</u> Client's preferred dr(s) & hospital(s) are on the HMO's panel.				
A5	<u>Other provider(s) affiliation:</u> Client's home health, physical therapist, etc., are on HMO's panel.				
A6	<u>HMO usage is easy for the client:</u> No PCP required, referral not required or easy to get, PA's not required, etc.				
A7	<u>Accessible, convenient location(s):</u> Provider(s) conveniently located. Public transportation available.				
A8	<u>Good access/selection of providers:</u> Providers available, many taking new patients.				
A9	<u>Access to urgent care:</u> After-hours and urgent care available.				
Choice C1	<u>Recommended by family, friends, acquaintances, etc:</u>				
C2	<u>Chosen at provider's request or suggestion:</u> and choice meets all of client's needs.				
C3	<u>Previous experience:</u> Client previously enrolled in HMO, through private insurance or Medicaid.				
C4	<u>Chosen based on Consumer Report Card:</u> of CAHPS consumer survey results.				
C5	<u>Reputation:</u> Client believes HMO has a positive reputation.				
C6	<u>Name recognition:</u> The HMO name is familiar to the client. Response to media ads and/or news.				
C7	<u>Promotions/incentives:</u> for using/completing programs (CHEC, pre-natal ed., etc)				
Other O1	<u>Reason not specified:</u> Client gave no reason for selecting the HMO.				
O2	<u>TPL insurance match:</u> Client is matching HMO to their primary insurance policy.				
O3	<u>Other:</u> All reasons that don't fit anywhere above.				

BES Instructions:

1. For each case selecting an HMO, place a tick mark (I) to indicate the major reason for that selection in the column of the HMO selected. If one case selects different HMOs for different family members, use separate tick marks for the major reason for each HMOs selection.
2. Count all first time selections, i.e. face-to-face, phone orientation, etc.
3. Count all changes in HMO selection. Record the disenrollment reason on the other report and the reason for the new selection on this report.
4. Count all additional persons to a case.
5. BES workers need to get the previous months reports to the BMHC HPRs on the first working day of each month.

Month _____ Office _____ HPR name(s) _____

HPR/BES Medicaid HMO Change Reasons

		AFC	Healthy U	IHC	United
Access					
A1	HMO not available				
A2	Provider not available (HMO is available)				
A3	No providers accepting new patients				
A4	Difficulty getting continuity of care with provider of choice				
A5	Difficulty getting timely appointments				
A6	Difficulty getting referrals to specialists				
A7	Inconvenient access (not transportation related)				
A8	Transportation problem				
A9	Insufficient after-hour / urgent coverage				
A10	Difficulty with emergency care				
A11	Office waiting time too long				
Choice					
C1	Client's personal preference				
C2	Provider's preference				
C3	Wants provider that doesn't accept current HMO				
C4	Leaving based on Consumer Report Card				
C5	Client assigned; prefers personal choice				
Location					
L1	Client moved, HMO unavailable				
L2	Client moved, wants different provider(s)				
Quality					
Q1	Dissatisfied with quality of care				
Q2	Insufficient or unclear explanations				
Q3	Unprofessional conduct or sexual misconduct				
Service					
S1	Billing problems with HMO / provider				
S2	Rude / impersonal treatment				
S3	Civil rights discrimination				
S4	Cultural / ethnic health insensitivity				
Other					
O1	Reason not specified				
O2	TPL insurance match				
O3	Other - all reasons that don't fit anywhere above				

Access

- A1 **HMO not available.** HMO no longer contracts with Medicaid. HMO no longer offers Medicaid in the county. HMO terminated client for bad behavior (noncompliance, card misuse, etc.)
- A2 **Provider not available (HMO is available).** Provider no longer accepts Medicaid or is no longer in practice (retired, died, etc.). Provider no longer affiliated with this HMO. Provider moved out of area. Provider terminated client for bad behavior.
- A3 **No provider accepting new patients.**
- A4 **Difficulty getting continuity of care with provider of choice.** Usually gets a different provider. Cannot get appointment with desired type of provider (usually gets an alternative type of provider - physician's assistant, nurse practitioner, etc.)
- A5 **Difficulty getting timely appointments.** Too much time between calling for an appointment and the appointment day. Less than full time; short hours, limited days.
- A6 **Difficulty with referrals to specialists,** including our of plan authorizations, by HMO / provider.
- A7 **Inconvenient access (not transportation related).** Scattered sites for doctors, lab tests, etc.
- A8 **Transportation problem.** No car. Client and/or provider not on public transportation routes.
- A9 **Insufficient after-hour / urgent coverage by HMO / provider.**
- A10 **Difficulty with emergency care:** Or refused authorization for use of the emergency room in an emergency. ER waiting time. HMO denies ER claims.
- A11 **Office waiting time too long with scheduled appointment.** Client has a long waiting time upon arrival for scheduled appointments.

Choice

- C1 **Client's personal preference:** Client wants to change for personal reasons that do not involve issues of Access, Choice, Customer Service, Location, Quality or Other. Examples: A friend suggested this provider; wants all children on the same plan.
- C2 **Provider's preference:** Provider is on the panel of 2 or more HMOs. Provider wants to keep client, but wants client to change HMOs. Client agrees.
- C3 **Wants provider that doesn't accept current HMO.** New or different provider. Or following a provider who changed HMO affiliations.
- C4 **Leaving based on Consumer Report Card of CAHPS consumer survey results.**
- C5 **Client assigned; prefers personal choice:** Client was assigned to an HMO but prefers to change the selection.

Location

- L1 **Client moved, HMO unavailable.** Client moved out of the 4 county Wasatch Front area or into a different county in that 4 county area. Current HMO not available.
- L2 **Client moved, wants different provider(s).** Client moved within the 4 county Wasatch Front area. Current HMO is available but client is changing HMOs to get a more conveniently located provider(s).

Quality

- Q1 **Dissatisfied with quality of care** given by HMO or provider, or support staff. Includes second opinion issues.
- Q2 **Insufficient or unclear explanations** by HMO or provider. Medical problems, Medical treatment.
- Q3 **Unprofessional conduct or sexual misconduct** by provider, HMO, or support staff.

Service (Customer)

- S1 **Billing problems with HMO / provider.**
- S2 **Rude / impersonal treatment** by HMO, provider, or support staff. Bias against Medicaid. Rude treatment.
- S3 **Civil rights discrimination:** Discrimination based on color / race / nationality, age, sex, religion, or disability (only these types, which are in the Civil Rights Act.)
- S4 **Cultural / ethnic health insensitivity:** Refusal to honor cultural beliefs or cultural alternative to care. By HMO, provider, or support staff.

Other

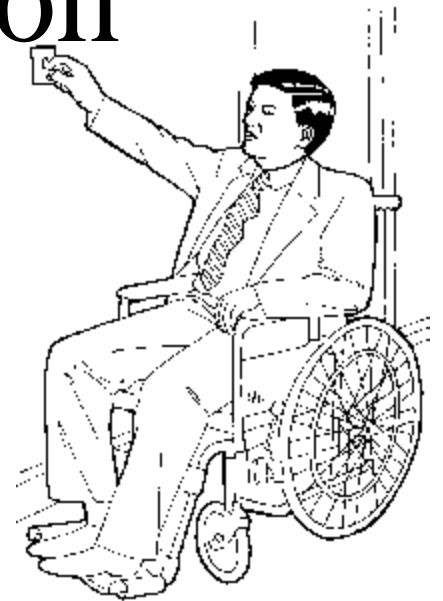
- O1 **Reason not specified:** Client gave no reason for changing HMOs.
- O2 **TPL insurance match.** Client must match Medicaid HMO to their primary insurance policy.
- O3 **Other.** All reasons that don't fit anywhere above.

PickMeUp

Medical Transportation
For Routine and Urgent Care

1-888-822-1048

Your doctor must send a letter to *PickMeUp* explaining why you can't use regular public transportation - UTA bus or FlexTrans. This replaces taxi cab coverage for medical transportation.



PickMeUp PO Box 713, Orem UT 84059-0713
or Fax to 1-801-224-4246

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Medicaid Paid Transportation

If you don't have a car, and no one who lives in your home has a car to take you to your appointments, your medical card is your ticket to Medicaid transportation services.

If you can to walk to-and-from a bus stop, ask your Medicaid eligibility worker for a bus pass to use to get to medical appointments.

If there is a medical reason you can't use the bus, you may qualify for services through UTA FlexTrans. To apply for this service call UTA at:

Salt Lake County 287-7433
Weber/Davis County 393-1736
Utah County 374-9306

It will take about 6 weeks to find out if you qualify with UTA. **PickMeUp** will provide transportation while you are waiting for an answer.

For Routine transportation from **PickMeUp**, your doctor must mail a letter to them stating the medical condition that qualifies you for door-to-door transportation. You must call 24 hours in advance of scheduled routine appointments to arrange for **PickMeUp**.

For Urgent care you do not need a letter on file. **PickMeUp** will call your doctor to verify the need for urgent care.

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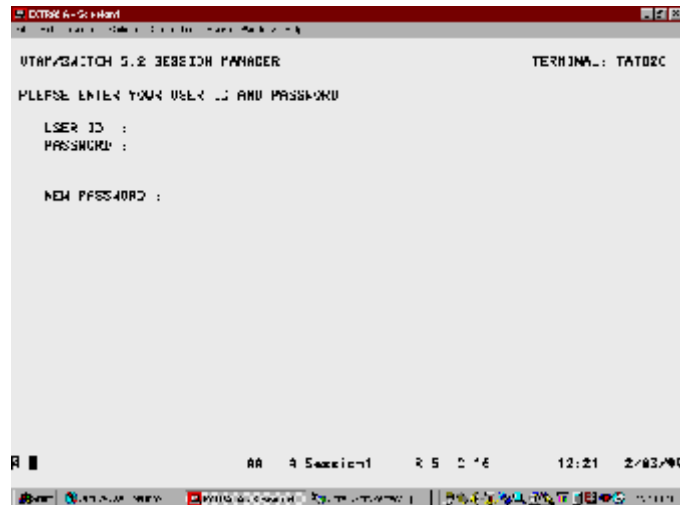
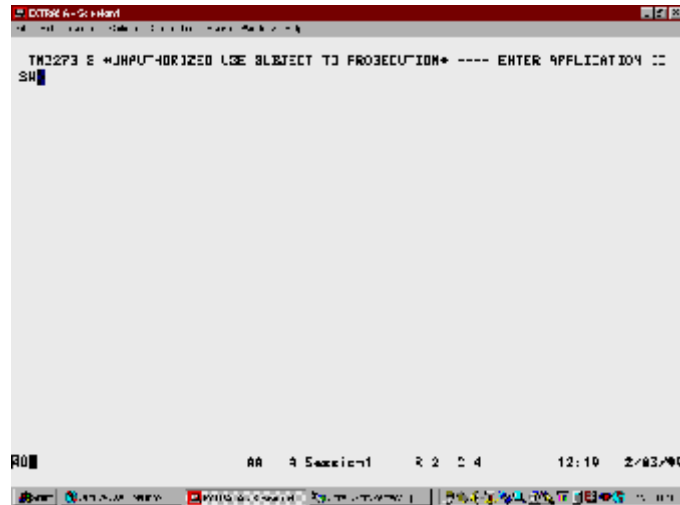
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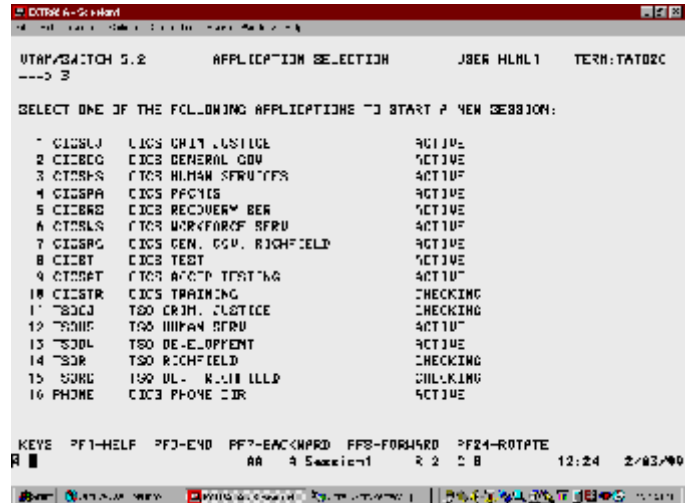
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How to Log Onto the MMIS System

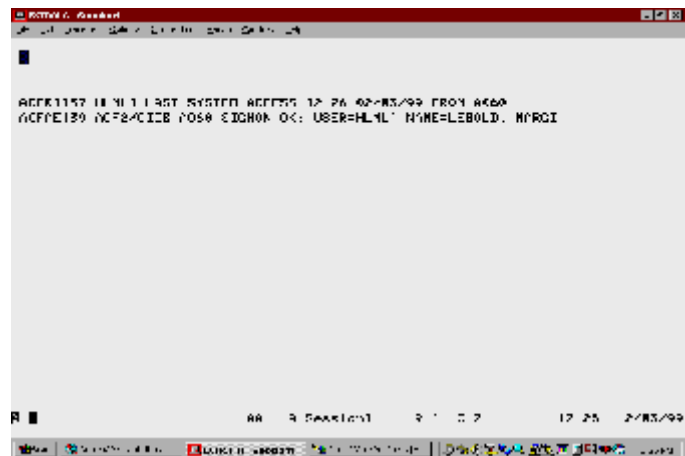
Enter “**SW**” to get into Switch - OR- Enter “**CICSHS**” to just get into MMIS. Two terminals can be used at the same time by using each application Id.



Enter User ID and Password. Hit enter.



Select “3” to select “CICS HUMAN SERVICES”.



Enter “HL00” (zero-zero) to access MMIS.

UTAH MMIS ONLINE APPLICATIONS

A:MODEL_2 SESSION (3.WSC)									
File	Edit	Transfer	Config	Window	Utilities	Help			
MMM	MMM	MMM	MMM	IIIIIIII	SSSSSS	HI899S1			
MMMM	MMMM	MMMM	MMMM	IIIIIIII	SSSSSSSSSS				
MMMMM	MMMMM	MMMMM	MMMMM	III	SSS SS				
MMMMMMMMMM	MMMMMMMMMM	MMMMMMMMMM	MMMMMMMMMM	III	SSSSS				
MMM	MMM	MMM	MMM	III	SSSSS				
MMM	M	MMM	MMM	III	SS SS				
MMM	MMM	MMM	MMM	IIIIIIII	SSSSSSSSSS				
MMM	MMM	MMM	MMM	IIIIIIII	SSSSSS				
UTAH MMIS ONLINE APPLICATIONS									
1. SUSPENDED CLAIMS CORRECTION					A. MI-706				
2. CLAIM CONTROL FILE					B. MI-14				
3. CLAIMS INQUIRY					C. ORS/SURS REQUESTS				
4. PROVIDER SYSTEM									
5. EXCEPTION CONTROL FILE									
6. REFERENCE SYSTEM									
7. RECIPIENT SYSTEM									
8. TERMFILE MAINTENANCE									
OPTION: 7					EXCEPTION CODE:				
PLEASE SELECT AN OPTION AND PRESS ENTER									
PC LINE 22 COL 76									

This is the **MMIS Main Menu**. Select the desired option and hit enter. Use PA1 to back out of any screen to get back to this menu.

Note: Throughout the MMIS System PF22 (shifted PF10) will access any attached help windows.

HELP WINDOWS

INTRODUCTION

All of the MMIS screens have help windows scattered throughout them. If you ever have any doubt or questions about something you see on a screen or need help understanding how to use the screen, you should try to “point & shoot”.

To point and shoot you place (point) your cursor on the spot you have a question about and try PF22 (shoot). There are help windows in other systems besides the Recipient File. If you are in the Provider File, the Claims Inquiry File or any other ... remember to point & shoot.

This section will only deal with the help windows in the Recipient File that have been designed & maintained by the HPR's. Some other windows are mentioned in other sections of this manual.

Windows are hidden so it can be very frustrating to find the one you may need to use. We have tried to put as many of the windows as possible in their logical place. For instance, the window that lists the “MHC Date” selection choices is on the MHC field on PF15, right where you would be entering the data.

Some windows have a logical place, but another window is already tied to that position. Other windows do not have a logical place. Under most circumstances only one window can be tied to one place. However, windows can be “daisy-chained”. This occurs when you hit PF22 to bring up a window and you get a list or menu of other windows to choose from. You simply enter the number of the window from the list and hit enter again.

DEFINITIONS

Default	This is a window that is tied to an entire screen. This window will display if there is not another window specifically tied to a field or address.
Field	A group of characters or spaces, (a recipient ID number is a group of 10 characters. The entire 10 spaces is called a field.)
Row R R R C C	Each line of text or space is called a row on a computer screen. There are 24 rows on a screen.

DEFINITIONS

Column	The spaces across each line of text on a computer screen. There are 80 columns on a computer screen, one character per space.
Line	Same as row.
Address	Each character on the computer screen has an address. It is expressed as 2 numbers separated by a comma, e.g 2,1 is the second row and the first column on the screen.
Point	Placing the cursor on an exact address. See Address .
Shoot	After placing the cursor on an exact Address , hitting PF22.
Daisy-Chain	One window can become a menu that allows you to select another window to view. They are usually selected by number. Simply type the number of the window on the Command Line at the bottom of the window and hit enter.
Command Line	<p>When a window has a command line, it allows you to use some special commands to manipulate a window. They include:</p> <p>..... Enter a line sequence number to view a window that is daisy-chained. PF12 = Exit daisy-chained window & return to MMIS screen.</p> <p>..... Special commands: T = Top, B = Bottom. Useful in very large windows.</p> <p>..... L = Locate. You can search for a word with L ' (L space) then typing the word or portion of a word and hitting enter.</p> <p>..... F2 = move window to a new position one line below the cursor position.</p> <p>..... F3 = Exit window & return to MMIS screen. (single window only)</p> <p>..... F4 = Zoom, enlarge window to entire screen size.</p> <p>..... F7 = To scroll backwards (- in lower right corner of window)</p> <p>..... F8 = To scroll forwards (+ in lower right corner or window)</p>

RECIPIENT FILE

```

A:MODEL_2 SESSION (3.WSC)
File Edit Transfer Config Window Utilities Help
MMM MMM MMM MMM IIIIIIIII $$$$$$ HL899S1
MMMM MMMM MMMM MMMM IIIIIIIII $$$$$$$$$$
MMMMM MMMMM MMMMM MMMMM III $$$ $$
MMMMMMMMMMMM MMMMMMMMMMM III $$$$$$
MMM MMM MMM MMM MMM III $$$$$$
MMM M MMM MMM M MMM III $$ $$$
MMM MMM MMM MMM MMM IIIIIIIII $$$$$$$$$$
MMM MMM MMM MMM IIIIIIIII $$$$$$

UTAH MMIS ONLINE APPLICATIONS

1. SUSPENDED CLAIMS CORRECTION A. MI-706
2. CLAIM CONTROL FILE B. MI-14
3. CLAIMS INQUIRY C. ORS/SURS REQUESTS
4. PROVIDER SYSTEM
5. EXCEPTION CONTROL FILE
6. REFERENCE SYSTEM
7. RECIPIENT SYSTEM
8. TERMFILE MAINTENANCE

OPTION: 7 EXCEPTION CODE:

PLEASE SELECT AN OPTION AND PRESS ENTER
  
```

Select option 7 to access the Recipient System.

```

A:MODEL_2 SESSION (3.WSC)
File Edit Transfer Config Window Utilities Help
ACTION-CODE: RECIPIENT KEY HL80700

PLEASE ENTER THE APPROPRIATE RECIPIENT NAME, NUMBER OR CASENUMBER

-----
PF1 - KEY PANEL (THIS SCREEN) PF9 - BUY-IN
PF2 - NAME INQUIRY PF10 - TPL QUESTIONNAIRE
PF3 - MEDICAL EXCESS PF11 - ORS TPL NAME INQUIRY
PF4 - CASE OVERVIEW PF12 - ORS TPL ID/TCN INQUIRY
PF5 - MANAGED HEALTH CARE PF13 - MEDICAL CARD DISPLAY
PF6 - RECIPIENT OVERVIEW PF14 - CASE SUMMARY
PF7 - ELIGIBILITY INQUIRY PF15 - ENROLLMENT
PF8 - TRANSPORTATION/CHEC PF16 - REFERRALS
PF18 - MENTAL HEALTH

ACTION CODES = MM - MMIS NAME SCREEN AP - SEARCH APA SS - SEARCH PACMIS SSN
ENTER RECIPIENT NAME, NUMBER OR CASENUMBER, & PRESS PF KEY
  
```

This is the **PF1** screen and is the main menu used in accessing the Recipient File. Enter the client ID number, case number, Social Security number or name to access another screen.

Client name only in Last Name,First Name format.
 Client ID or Social Security number only.
 Client ID, Case or Social Security #.

NAME INQUIRY

A:MODEL_2 SESSION [3.WSC]		▼	▲
<u>F</u> ile <u>E</u> dit <u>T</u> ransfer <u>C</u> onfig <u>W</u> indow <u>U</u> tilities		<u>H</u> elp	
ACTION-CODE:		HL80700	
RECIPIENT KEY			
PLEASE ENTER THE APPROPRIATE RECIPIENT NAME, NUMBER OR CASENUMBER			
JOHNSON,UELDA_____			
PF1 -	KEY PANEL (THIS SCREEN)	PF9 -	BUY-IN
PF2 -	NAME INQUIRY	PF10 -	TPL QUESTIONAIRE
PF3 -	MEDICAL EXCESS	PF11 -	ORS TPL NAME INQUIRY
PF4 -	CASE OVERVIEW	PF12 -	ORS TPL ID/TCN INQUIRY
PF5 -	MANAGED HEALTH CARE	PF13 -	MEDICAL CARD DISPLAY
PF6 -	RECIPIENT OVERVIEW	PF14 -	CASE SUMMARY
PF7 -	ELIGIBILITY INQUIRY	PF15 -	ENROLLMENT
PF8 -	TRANSPORTATION/CHEC	PF16 -	REFERRALS
		PF18 -	MENTAL HEALTH
ACTION CODES = MM - MMIS NAME SCREEN AP - SEARCH APA SS - SEARCH PACMIS SSN			
ENTER RECIPIENT NAME, NUMBER OR CASENUMBER, & PRESS PF KEY			
A		PC LINE 6 COL 40	

To inquire by name enter the clients **Last Name - comma - First Name** (no space) as shown above and Hit PF2.
May inquire using the clients first initial or first several letters of the first name.

PF 2

A:MODEL_2 SESSION [3.WSC]						
File	Edit	Transfer	Config	Window	Utilities	Help
ACTION-CODE:		RECIPIENT NAME INQUIRY			HL80710	
SEL NAME:		PACMIS-ID	DOB	OID-APA-ID		
JOHNSON	UEIDA	040114293	01/15/1932	000000000		
JOHNSON	UEIMA	070132276	09/30/1922	000000000		
JOHNSON	UEIMA	J 090022816	08/18/1910	000000000		
JOHNSON	UEIMON	090089065	11/11/1901	000000000		
JOHNSON	UEIUT	I 040233158	12/22/1971	000000000		
JOHNSON	UEN	D 090291313	07/15/1956	000000000		
JOHNSON	UENNESSA	A 060169880	03/09/1989	000000000		
JOHNSON	UEEA	020004475	11/03/1906	529421162		
JOHNSON	UEEA	080002828	04/01/1915	000000000		
JOHNSON	UEEA	C 080004002	02/08/1999	529123762		
JOHNSON	UEEA	F 080020686	03/12/1912	543240918		
JOHNSON	UEEA	R 070124882	09/10/1901	000000000		
JOHNSON	UEEA	S 040042998	01/12/1953	443567627		
JOHNSON	UEEL	030045723	05/05/1946	526685613		
JOHNSON	UEEL	020162718	12/01/1964	000000000		
JOHNSON	UEEL	J 090285720	04/29/1966	000000000		
JOHNSON	UEEL	K 090194246	01/13/1975	000000000		
JOHNSON	UEEL	I 070035205	03/02/1955	528042494		
JOHNSON	UEEL	W 080318219	06/25/1967	000000000		
JOHNSON	UEELA	060004475	03/09/1932	529421385		
PLACE A "X" BY THE SELECTED NAME AND PRESS AN APPROPRIATE PF KEY						
PC LINE 3 COL 13						

This is the **PF2** screen and is used to access a client by name. Enter the clients Last Name - comma- First Name (as shown) in the **SEL NAME** field. Do not enter a space between the names. To scroll forward hit enter. This screen does not scroll backward.

Place a "X" by the selected name and press the desired PF key to make further inquiries - or- type another name in the Select Name field to do further name inquiries.

PF3 is used to display historical (prior to PACMIS conversion) spenddown information only and is not currently in use.

A:MODEL_2 SESSION [3.WSC]			
File	Edit	Transfer	Config Window Utilities Help
ACTION-CODE:		CASE OVERVIEW	HL80735
CLIENT-ID: 00088269	<CASE NUMBER>	CASE-DATE: 1996/09	MORE:
CLIENT: 0401142932	OLD-APA: 0401142932	ORIG-ID: 0401142932	REL: PI
NAME: JOHNSON	UEIDA	STATUS: FEND	SEX: F DOB: 01/15/32
INS-COMPANY	POLICY-HOLDER	POLICY-NBR	HEALTH-CARE-NAME
			UNITED MEDCHOICE
			A PARTICIPATING DENT
			UNITED MEDCHOICE
CLIENT:	OLD-APA:	ORIG-ID:	REL:
NAME:		STATUS:	SEX: DOB:
INS-COMPANY	POLICY-HOLDER	POLICY-NBR	HEALTH-CARE-NAME
CLIENT:	OLD-APA:	ORIG-ID:	REL:
NAME:		STATUS:	SEX: DOB:
INS-COMPANY	POLICY-HOLDER	POLICY-NBR	HEALTH-CARE-NAME

48 A ↑ PC LINE 3 COL 13

This is the **PF4** screen and is used as a case overview. Do not use this screen to verify information shown on a medical card because this screen displays the most current information only, it is not date related. To scroll forward to other case members hit enter.

Place a "X" by the selected name and press the desired PF key to make further inquiries - or- enter a new number and hit enter to transfer to another case - or - enter a new number and press the desired PF key to transfer to another screen.

A:MODEL_2 SESSION (3.WSC)

File Edit Transfer Config Window Utilities Help

ACTION-CODE: MANAGED HEALTH CARE **HI80745**
ENTER ST TO SEE STATUS, ELIG-END-DATE & PROG-TYPE.
CLIENT-ID: 0401142932 **OLD-APA-ID:** 0401142932 **ORIGINAL-ID:** 0401142932
NAME: JOHNSON **WEIDA** **DOB:** 01/15/1932 **ELIG-END-DATE:**
MHC-DATE: 03/19/96 **HMO-TPL:** **STATUS:** **PROG-TYPE:**

----- HMO ENROLLMENT -----

PROVIDER-NBR	PROVIDER-NAME	BEG-DATE	END-DATE	RECIP	LOCKIN
411488563001	UNITED	04/01/96	12/31/99	*	*

----- HMO PAYMENT DATA -----

HMO-PROU-NBR	DATE CODE	HMO-PROU-NBR	DATE CODE	HMO-PROU-NBR	DATE CODE
411488563001	9610 P				
411488563001	9609 R				
411488563001	9608 C				
411488563001	9607 C				
411488563001	9606 C				
411488563001	9605 C				
411488563001	9604 C				

----- LOCKIN/CASEMANAGEMENT AND MENTAL HEALTH DATA -----

CODE	PROVIDER-NBR	PROVIDER-NAME	EFF-DATE	END-DATE
C	528667698013	AARON U BARSON JR DO	08/01/95	03/31/96
C	870269232386	MCKAY DEE HOSP PROF	03/01/94	07/31/95
M	876000308007	WEBER MENTAL HEALTH	07/01/95	09/30/96

PC LINE 3 COL 13

Second screen

A:MODEL_2 SESSION (3.WSC)

File Edit Transfer Config Window Utilities Help

ACTION-CODE: MANAGED HEALTH CARE **HI80745**
ENTER ST TO SEE STATUS, ELIG-END-DATE & PROG-TYPE.
CLIENT-ID: 0401142932 **OLD-APA-ID:** 0401142932 **ORIGINAL-ID:** 0401142932
NAME: JOHNSON **WEIDA** **DOB:** 01/15/1932 **ELIG-END-DATE:**
MHC-DATE: 03/19/96 **HMO-TPL:** **STATUS:** **PROG-TYPE:**

----- HMO ENROLLMENT -----

PROVIDER-NBR	PROVIDER-NAME	BEG-DATE	END-DATE	RECIP	LOCKIN
411488563001	UNITED	04/01/96	12/31/99	*	*

----- HMO PAYMENT DATA -----

HMO-PROU-NBR	DATE CODE	HMO-PROU-NBR	DATE CODE	HMO-PROU-NBR	DATE CODE
411488563001	9610 P				
411488563001	9609 R				
411488563001	9608 C				
411488563001	9607 C				
411488563001	9606 C				
411488563001	9605 C				
411488563001	9604 C				

----- LOCKIN/CASEMANAGEMENT AND MENTAL HEALTH DATA -----

CODE	PROVIDER-NBR	PROVIDER-NAME	EFF-DATE	END-DATE
C	528667698013	AARON U BARSON JR DO	08/01/95	03/31/96
C	870269232386	MCKAY DEE HOSP PROF	03/01/94	07/31/95
M	876000308007	WEBER MENTAL HEALTH	07/01/95	09/30/96

PC LINE 3 COL 13

This is the **PF5** screen and is used to access Managed Health Care data by individual client. This screen displays historical HMO and case management information.

The **HMO ENROLLMENT** section of the screen displays the Medicaid HMO and CHIP Health Plan selection. The only difference is the Provider Number. **U**

The **HMO PAYMENT DATA** section of the screen displays the Medicaid HMO and CHIP Health Plan premium payment information.

The **LOCKIN/CASE MANAGEMENT DATA** section of the screen displays, Case Management information, Lockin/Restriction information and Mental Health Provider information. This section only has room for three lines. To view further history hit enter and the screen will scroll.

ENTER A-Screen

MEDICAID PROVIDER NUMBER **HMO NAME**

878514395003 -	INTERGROUP
8784109381003 -	CHC ACCESS
411488563001 -	UNITED MEDICARE
777129456001 -	FIP IDA
666728450001 -	FHP SELECT
878545551003 -	FHP
878288365002 -	MEDUTAH
338617992001 -	AMERICAN FAMILY CARE
448617992003 -	AMERICAN FAMILY CARE
129591110009 -	UNIVERSITY HEALTH PLAN

CHIP PROVIDER NUMBER **HEALTH PLAN NAME**

088771356003 -	AMERICAN FAMILY CARE
688053523002 -	UNITED HEALTH CARE
688014546001 -	FIP FHP SELECT (HUTAH)
688053523002 -	FHP FHP SELECT (HUTAH)

F5 = EXIT

ENTER F3=EXIT F4=LPDA

PC LINE 3 COL 13

NOTE: The open (current) selections have a 12/31/99 or 99/99/99 end date. That is the selection that will print on the medical card.

A:MODEL_2 SESSION (3.WSC)									
File Edit Transfer Config Window Utilities									Help
ACTION-CODE:					RECIPIENT OVERVIEW			HL80751	
ACTION ST = STATUS		BE = MAC ISSUE DATE		AD = ADDRESS		DT = APPLICATION DATE			
CLIENT-ID: 0401142932		OLD-APA-ID: 0401142932		ORIGINAL-ID: 0401142932					
NAME: JOHNSON		UIDA		SEX: F		DOB: 01/15/1932			
SSN: 503269888		LIVING ARRANGEMENTS:				RELATIONSHIP:			
DEATH DATE:		STATUS:		CLOSE REASON:					
MAC ISSUE DATE:		HOUSEHOLD SIZE:		APPLICATION DATE:					
ADDRESS:		ADDRESS:							
(MAIL)		(RES)							
PHONE:		TEAM:		RESP PERSON:					
----- ELIGIBILITY DATA -----									
BEGIN	END	CNTY	DIST	AID	FUND	CATEGORY	CASE NBR		
DATE	DATE	CODE	OFFICE	TYPE	TYPE				
04/01/96	09/30/96	29	H 0	B33	A	MEDICAID	00088269		
07/01/95	03/31/96	29	N 0	B33	A	MEDICAID	00088269		
04/01/95	06/30/95	29	N 0	C63	A	MEDICAID	00088269		
02/01/95	03/31/95	29	N 0	C63	A	MEDICAID	00088269		
11/01/94	NOT ELIG	29	N 0	C63	A	MEDICAID	00088269		
10/01/94	NOT ELIG	29	N 0	C63	A	MEDICAID	00088269		
09/01/94	NOT ELIG	29	N 0	C63	A	MEDICAID	00088269	NUM OF	
08/01/94	NOT ELIG	29	N 0	C63	A	MEDICAID	00088269	LINES	
07/01/94	07/31/94	29	N 0	C63	A	MEDICAID	00088269	LEFT	
01/01/94	06/30/94	29	N 0	C63	A	MEDICAID	00088269	002	
<div style="display: flex; justify-content: space-between;"> PC LINE 3 COL 13 </div>									

This is the **PF6** screen and is used to access a clients eligibility history, address and status. This is an inquiry screen only.

The following action codes will bring up the specific information indicated:

- AD** - Displays the clients mailing address, residential address and eligibility team (as read from PACMIS).
- BE** - Displays the MAC issue date and household size (as read from PACMIS).
- ST** - Displays the status of the client (as read from PACMIS).
- DT** - Displays the last application date (as read from PACMIS).

This screen also displays the district office, aid type, category and case number by eligibility span.

NOTE: Highlighted eligibility data is not pulled from PACMIS but is retained on the MMIS System.

“NOT ELIG” means that the client has not paid the spend-down for that month.

The Aid Types for CHIP will be CI1 & CI2 (Plan A) and CI3 (Plan B). The Fund Type will be C. The Category will be CHIP.

Enter a new client ID # and hit enter to access another client - or - hit the desired PF key for further inquiries on this client - or - enter a new client ID #, SSN or case number and press the desired PF key to transfer to another screen.

A:MODEL_2 SESSION (3.WSC)									
File Edit Transfer Config Window Utilities									Help
ACTION-CODE: ELIGIBILITY INQUIRY HI80761									
ACTION SD=SPENDDOWN INFORMATION									
CLIENT-ID: 0401142932			BEGIN-DATE: 01/31/96			MONTH-INDICATOR: N			
OLD-APA-ID: 0401142932			ORIGINAL-ID: 0401142932			SSN: 503269888			
NAME: JOHNSON			UCLDA			HOUSEHOLD-SIZE: S			
DOB: 01/15/ 32			SEX: F			TEAM:			MHC
BEG DATE			END DATE			CAT			DIST
01/31/96			01/31/96			ME			N 0
CASE NBR			000088269						
HEALTH CARE NAME			AARON U BARSON JR DO						
WEBER MENTAL HEALTH									
COPAY RECIPIENT									
TFL NAME			POLICY			TFL GROUP			POLICY HOLDER
ADDRESS:									
ADDRESS:									
ADDRESS:									
----- MEDICAL EXCESS -----									
EFF	YMM	PROGRAM	TYF	CATEGORY	SPENDDOWN	PAID DATE	EXCESS AMOUNT		
9601		DM					.00		

This is the **PF7** the “BEGIN-DATE” is changed to another date. To view an entire month the “MONTH-INDICATOR” must be changed to “Y” screen and is the eligibility inquiry screen. This screen displays a client’s eligibility, health selection, mental health plan, copay requirement, Third Party Liability and spenddown information for a specific day or month. This is an inquiry screen only.

This screen defaults to today’s date unless.

CHIP eligibility will be identified by the Category code of CH. The word CHIP will also be included in the Health Care Name. i.e. American Family Care - CHIP or United - CHIP

The Action Code “SD” (spend down) will bring up the specific bills (if applicable) that were used to meet the medical excess. See below.

Enter a new client ID # and hit enter to access another client - or - hit the desired PF key for further inquiries on this client - or - enter a new client ID #, SSN or case number and press the desired PF key to transfer to another screen.

A:MODEL_2 SESSION (3.WSC)									
File Edit Transfer Config Window Utilities									Help
ACTION-CODE: RECIPIENT BILL OBLIGATIONS HI80762									
CLIENT ID NOT ON FACMIS OR NOT VALID CLIENT ID									
RECIPIENT-ID: 0401142932			NAME:			DATE:			
IF THE RECIPIENT OBLIGATION AMOUNT IS LESS THAN THE TOTAL BILL CHARGE, THEN THE PROVIDER MAY BILL MEDICAID FOR THE BALANCE. MEDICAID WILL PAY THE MAXIMUM MEDICAID ALLOWED, LESS THE RECIPIENT OBLIGATION AMOUNT, LESS THIRD PARTY PAYMENT.									
PROVIDER NAME			SERU TYPE		DATES OF SERVICE BEGIN END		TOTAL BILL CHARGE		RECIPIENT OBLIG AMT
PAYLESS DRUG STORE			PHAR		03/01/95 03/01/95		49.95		49.91

A:MODEL_2 SESSION [3.WSC]			
File	Edit	Transfer	Config Window Utilities Help
ACTION-CODE:		TRANSPORTATION / CHEC HL80765	
CLIENT-ID: 0401142932		ORIGINAL-ID: 0401142932	
OLD-APA-ID: 0401142932		DOB: 01/15/1932	
NAME: JOHNSON		UELDA	
----- TRANSPORTATION -----			
	BEGIN DATE MM YY	END DATE MM YY	QUANTITY
1.			
2.			
3.			
----- CHEC -----			
INITIAL-DATE:		CODE:	
RESPONSE-DATE:		CODE:	
<div> <div>48</div> <div>A</div> <div>U</div> <div>PC LINE 3 COL 14</div> </div>			

This is the **PF8** screen and is used to authorize taxi stickers. The CHEC portion of this screen is not currently in use. Secured separately.

Enter a new client ID # and hit enter to access another client - or - hit the desired PF key for further inquiries on this client - or - enter a new client ID #, SSN or case number and press the desired PF key to transfer to another screen.

A:MODEL_2 SESSION (3.WSC)									
File Edit Transfer Config Window Utilities									Help
ACTION-CODE:		TPL QUESTIONAIRE				STATUS: OPEN		HL80775	
NO TPL DATA									
CLIENT-ID: 0401142932		OLD-APA-ID: 0401142932		ORIGINAL-ID: 0401142932					
TPL-NUMBER: 1 DT:		HIB-NUMBER:		TPL-REVIEWER-IND:					
NAME: JOHNSON		UEIDA		DOB: 01/15/1932					
TYPE-OF-COVERAGE:		COURT-ORDERED:		INSURANCE-CO-NUM:					
INSURANCE-START-DATE:		TERMINATION-DATE:							
NAME-OF-INSURANCE-COMPANY:									
ADDR:		CITY:		STATE:		ZIP:			
POLICY-HOLDER:									
CONTRACT/POLICY-NO:		GROUP-NUMBER:							
NAME-EMPLOYER/GROUP:									
ADDR:		CITY:		SSN:		STATE:		ZIP:	
PERSON-TO-PAY:		CITY:		SSN:		STATE:		ZIP:	
CASE OPEN:		TPL UER:		D/E DATE:		SOURCE:			
REMARKS:									
ACTION	SEQ	CAT	CRT	INS	START-DT	TRM-DT	CONT/POLICY	GROUP-NUMBER	
	1								
	2								
	3								
LAST-INS-CODE:									

PC LINE 3 COL 13

This is the **PF10** screen and is used to reference a client's Third Party Liability information. This information is maintained by Office of Recovery Services (ORS) and is pulled directly from ORSIS.

There are places for three insurance lines type 1, 2 or 3 in the "TPL-NUMBER" field (marked ***) to see full detail on these lines. Any insurance that is currently shown as open has 12/31/99 as the "TRM-DT".

NOTE: ORSIS is a better resource for TPL information because some historical TPL information (terminated insurance) will only be displayed when a covered date is entered.

Enter a new client ID # and hit enter to access another client - or - hit the desired PF key for further inquiries on this client - or - enter a new client ID #, SSN or case number and press the desired PF key to transfer to another screen.

PF11 and **PF12** are used by ORS to adjudicate medical claims for clients with TPL.

```

A MODEL / SESSION (TYPE)
File Edit Transfer Config Window Utilities Help
ACTION-CODE: MEDICAL CARD DISPLAY HL807R1

CLIENT-ID: 0401142932 NUKE: YES

PD: 12/27/96 CT: UHC PGM: QD CNTV: 25 DEG: 01/01/97 END: 01/31/97
NAME: JOHNSON VELDA DUB: 01/15/1932 AGE: 064 SEX: F
PRV: UNITED MEDCHOICE PARTICIPATING DENTIST WEBER MENTAL HEALTH
TPL:

PD: 12/02/96 CT: UHC PGM: DM CNTV: 25 DEG: 12/01/96 END: 12/31/96
NAME: JOHNSON VELDA DUB: 01/15/1932 AGE: 064 SEX: F
PRV: UNITED MEDCHOICE PARTICIPATING DENTIST WEBER MENTAL HEALTH
TPL:

PD: 12/02/96 CT: REG PGM: DM CNTV: 29 REG: 11/01/96 END: 11/30/96
NAME: JOHNSON VELDA DOD: 01/15/1932 AGE: 064 SEX: F
PRV: WEBER MENTAL HEALTH
TPL:

PD: 12/02/96 CT: REG PGM: DM CNTV: 29 REG: 10/01/96 END: 10/31/96
NAME: JOHNSON VELDA DOD: 01/15/1932 AGE: 064 SEX: F
PRV: WEBER MENTAL HEALTH
TPL:

PC LINE 3 COL 14

```

This is the **PF13** screen and is the Medical Card Display screen. This screen displays the information that printed on a client's medical card. This is an inquiry only screen. Displays four cards at one time. Hit enter to scroll forward. This screen contains only the last six (6) months medical cards (up to 30 cards).

Card codes:	REG = Blank card	CSM = Case Management	LKN = Lockin
(CT Code)	UHN = Healthy U	IHC = IHC Access	UHC = United MedChoice
	AFC = American Family Care		
	CH1 = CHIP Plan A	CH2 = CHIP Plan B	

Copayment codes:	E-PAY = Emergency room copayment required
	P-PAY = Pharmacy copayment required
	B-PAY = Both Emergency and Pharmacy copayment required

Enter a client ID # and hit enter to access another client - or - hit the desired PF key for further inquiries on this client - or - enter a new client ID #, SSN or case number and press the desired PF key to transfer to another screen.

A:MODEL_2 SESSION (3.WSC)						
File	Edit	Transfer	Config	Window	Utilities	Help
ACTION-CODE:		CASE SUMMARY SCREEN				HI80785
NO CASE FOUND FOR CURRENT MONTH - USE ACTION CODE CH						
CLIENT-ID: 0401142932		<CASE NUMBER>		CASE-DATE:		
CLIENT-ID	NAME	DOB	SEX	CASE-NUM		

PC LINE 3 COL 13

This is the **PF14** screen and is the Case Summary screen. This is an inquiry only screen. This screen will default to display all persons who are currently open on a case.

The action code “CH” (case history) will display all persons who were on a closed case and/or any client who has ever been on the case. Example shown below.

NOTE: Retro additional persons (i.e unborn) can sometimes be found here. Place an “X” by the name then go into PF15.

Place a “X” by the selected name and press the desired PF key to make further inquiries on this client - or - enter a new number and hit enter to access another case - or - enter a new client ID #, SSN or case number and press the desired PF key to transfer to another screen.

A:MODEL_2 SESSION (3.WSC)						
File	Edit	Transfer	Config	Window	Utilities	Help
ACTION-CODE:		CASE SUMMARY SCREEN				HI80785
CLIENT-ID: 00088269 <CASE NUMBER> CASE-DATE:						
CLIENT-ID	NAME	DOB	SEX	CASE-NUM		
0401142932	JOHNSON	UEIDA	01/15/1932	F		
0601142937	TOOTHAKER	UEIDA	10/17/1971	F		
0900706336	TOOTHAKER	GERALD	06/09/1968	M		

PC LINE 3 COL 13

To enter the initial health selection by line :

Type the Managed Health Care date (**MHC DATE**) , i.e. 062596

Type “C” or “H” in the **first field** on the **top entry line** .

Type provider # in the next field if entering Case Management - or

Hit tab and type in the HMO name in the name field.

Type the health care selection begin date, i.e. 080196

Continue in that manner until all health selections on the case have been entered. Hit enter and the system will automatically load the slashes (/) in the dates, edit for any mistakes and load the end date of 99/99/99.

A:MODEL_2 SESSION (3.WSC)													
File		Edit		Transfer		Config		Window		Utilities		Help	
ACTION-CODE: __		CHOICE OF HEALTH CARE DELIVERY								HL80746			
CASE/CLIENT-ID: 00088269				DATE: ____		PRINTER: ____							
CASE-HMO-NUM: ____				NAME: ____		BEG: ____		END: ____					
_ 0401142932 JOHNSON				UELDA		DOB: 01/15/32		PGM: DM		MHC: 102896			
H 411488563001				UNITED		04/01/96 103196		ELIG: H 0					
h _____				IHC _____		110196 _____		09/30/96		00088269			
- _____				_____		_____		_____		_____			

PC LINE 7 COL 58

To enter a change in health selection by line :

Type the Managed Health Care date (**MHC**), shown above 102296

Tab to the end date of 12/31/99 or 99/99/99 and change to the correct end date, shown above 093096

Type “C” or “H” in the first field of the next line

Type provider # in next field for Case Management - OR -

Type HMO name in the third field (Name field) for an HMO

Type the health care selection begin date, shown above 110196

Continue in that manner until all health selections on the case have been changed. Hit enter and the system will automatically load the slashes (/) in the dates, edit for any mistakes and load the end date of 99/99/99.

“MORE” in the top right had corner of the screen indicates that there are more case members. Hit enter to scroll forward.

Screen edits:

MHC - Date Missing - Enter MHC date

Invalid Provider Number - Check provider # or HMO name

Missing Data For Add - Missing selection type (C or H), provider name or number or begin date

End Date Overlap- End date is before begin date (verify on PF5)

Future Dates - Begin date is in the future

To display future health selection type “0” (zero) in the first space of the ID# in the CASE/CLIENT-ID field and enter the future date , (i.e. 0896) in the DATE field. Hit enter.

A:MODEL_2 SESSION (3.WSC)

File Edit Transfer Config Window Utilities Help

```

*WINDOW(CHLMSTMN)          CHCD STAMP MENU          03/06/97
1 CHANGE OF FROU / HMO
2 NEW CASE MEMBER ADDED
3 INSURANCE MATCH
4 SIGNATURE
5 HMO CONVERSION
6 USE ORSIS TO REPORT CHANGE OF TPL
7 ASSIGNMENT CHILDREN ONLY; DENY ADULTS
8 MANDATORY HMO ASSIGNMENT
9 ASSIGNMENT HAS BEEN MADE
10 ASSIGNED NEW CASE MEMBER
11 ASSIGNMENT; REMOVE SANCTION
12 EXEMPT; SET ALERT TO REVIEW
13 RETURNING HPR REFERRAL
14 LOCKIN/CASE MGMT NOTICE
15 UPDATE CURRENT SELECTION
16 QUICK REFERENCE MENU

Command ==>

```

PC LINE 20 COL 17

A:MODEL_2 SESSION (3.WSC)

File Edit Transfer Config Window Utilities Help

```

*WINDOW(CHMBESMN)          QUICK REFERENCE MENU          03/06/97
1 BUY-OUT QUESTIONS OR PROBLEMS
2 HEALTH INSURANCE POOL
3 BXBC CARING PROGRAM FOR CHILDREN
4 CLIENT PAYMENT CRITERIA
5 BUY-OUT FAX # 536-8513
6 OVER THE COUNTER DRUG LIST
7 HANDICAPPED CHILDREN'S SERVICES
8 PRIOR APPROVAL PROGRAMS
9 CHIROPRACTOR SERVICES
10 HEALTH INSURANCE MATCH
11 BES OFFICE DESIGNATIONS
12 CHANGE REASONS

Command ==>
F3=EXIT F4=ZOOM F8=FORWARD F7=BACKWARD

```

PC LINE 18 COL 31

A:MODEL_2 SESSION [3.WSC]									
File Edit Transfer Config Window Utilities									Help
ACTION-CODE:		ON-LINE REFERRALS					HI807048		
RECIP ID: 0401142932		EFFECT DATE: 03/01/96							
1ST NME: JOHNSON		1ST: UELDA		I: BD: 01/15/1932		SEX: F AGE: 64			
LOCKIN/CASE MANAGEMENT DATA									
LCK/CMT	PROVIDER-NBR	PROVIDER-NAME		EFF-DATE		END-DATE			
C	528667698013	AARON U BARSON JR DO		08/01/95		03/31/96			
REFERRAL INFORMATION									
REFERRED BY		REFERRED TO							
NUMBER/NAME	LIC	RFG	NUMBER/NAME	LIC	EFDT/ENDDT/ENTRDT				
999999999998	HLHFR	E	528667698013	A5755	06/27/95	09/25/95			
HFR REFERRAL			AARON U BARSON JR DO		06/27/95				
999999999998	HLHFR	E	528585838002	05594	04/12/95	07/11/95			
HFR REFERRAL			RICHARD L ALDER MD		04/12/95				
870269232386	W0083	F	528585838002	05594	04/12/95	07/11/95			
MCKAY DEE HOSP PROF BIL			RICHARD L ALDER MD		05/11/95				
999999999998	HLHFR	E	528768569019	07105	04/07/95	07/06/95			
HFR REFERRAL			BRENT F ROBERTSON MD		04/06/95				
MORE									
PC LINE 8 COL 2									

This is the **PF16** screen and is used to enter or display referrals. Referrals can only be entered for the dates when a client is participating in Case Management. Referrals **cannot** be entered for dates when a client is enrolled with an HMO or has a blank card.

After November 1, 1996 this screen will only hold historical information and will be used only to track referrals.

A:MODEL_2 SESSION (3.WSC)									
File Edit Transfer Config Window Utilities								Help	
ACTION-CODE:		MENTAL HEALTH PREMIUM HISTORY						HI80752	
CLIENT-ID: 0401142932		OLD-APA-ID: 0401142932		ORIGINAL-ID: 0401142932					
NAME: JOHNSON		UEIDA		DATE-OF-BIRTH: 01/15/32					
COUNTY: 29 WEBER									
CODE:		<R=REPORTED U=UNREPORTED D=DELETE E=EXEMPT>							
COUNTY:									
MONTH:									
YEAR:									
CD	CONTRACTOR	BEG-DATE	END-DATE	CD	CONTRACTOR	BEG-DATE	END-DATE		
R	876000308007	07/01/95	09/30/96						
<div> <div>PC LINE 3</div> <div>COL 13</div> </div>									

This is the **PF18** screen and is used to display the premium payment history for clients enrolled in a capitated mental health plan. The contractor is the provider number - refer to PF19.

Note: The exempt code is never used.

A:MODEL_2 SESSION (3.WSC)			
File	Edit	Transfer	Config Window Utilities Help
Action: --	MMIS PROVIDER LOG SCREEN		HL80755
Provider-ID: 528667698013LOG DATA.....			
Name: BARSON AARON U JR DO	Addr: -----		
Addr: WE CARE FAMILY MEDICINE	-----		
1580 W ANTELOPE DR #250	-----		
LAYTON UT 840411153	Phone: () -		
Phone: (801)776-0067 Lic: A5755	SPEC : --		
P-Type: 24 Spec: Cnty: 06	County: -- Code: A		
P R O V I D E R G R O U P S			
BEGIN	ENDCOS DATA.....	STATUS DATE
10/11/94	12/31/99	40 58 83	3 T5819 10/11/94
R E M A R K S S E C T I O N			
1. WILL ACCEPT NEW MEDICAID PATIENTS PER THREASE UTS 1/24/95			
DR. WILL BE PART OF NEW FAMILY PRACTICE CLINIC WE CARE FAMILY			
2. PRACTICE IN NEW PORTION AT DAVIS HOSPITAL. ONLY THE ONE DR. AT			
THIS TIME.			
3. UHC PROVIDER RMA 7-27-95			
4.			
5.			
<div style="border: 1px solid red; padding: 2px; display: inline-block;"> 45 A ↑ □-□PC LINE 3 COL 15 </div>			

This is the **PF19** screen and is the data base of provider participation in Case Management or Health Maintenance Organizations.

The provider information can be referenced in two (2) ways. If a provider number is known the number is typed into the **“Provider-ID”** field. Hit enter.

If the provider number is not known type the providers last name - space - first name in the **“Name”** field. Hit enter to bring up an alphabetical provider listing (shown on the next page). Select the desired provider name by placing an **“X”** by the providers name and hit **PF7** to load the information.

The **“Addr”** field allows update for additional address and telephone information.

Note: A provider must have Category of Service (COS) 83 to be a primary provider.

The “**Code**” field allows update using the following codes:

- A. Taking new patients
- B. Taking existing only.
- C. Limitations.
- D. Will not be a pcip.
- E. NB from hospital only.
- F. NB from hospital & existing siblings.
- G. Existing patients and call on new.
- H. Call on new.
- I. Call on all.
- J. Referrals only.
- K. Will take new if need this specialty.
- L. Handicapped only.
- M. High risk pregnancy only.
- N. Use clinic name only.
- O. Do not use clinic name - use individual doctors ID number.
- P. Other

The “**Remarks**” field allows update concerning provider participation. Tab down to the first blank line and type information. When all lines are full type over the first line.

A:MODEL_2 SESSION (3.WSC)			
File Edit Transfer Config Window Utilities			Help
PROVIDER NAME INQUIRY			HI80550
NEXT NAME:			
PROVIDER NAME	PROVIDER NUMBER	PROVIDER ADDRESS	
- AARON U BARSON JR DO	528667698013	WE CARE FAMILY MEDICINE 1580 W ANTELOPE DR #250 LAYTON UT 840411153	
- AARON U BARSON JR DO	C 528667698000	2842 EAST 2550 NORTH LAYTON UT 840400000	
- THOMAS BARSON MD	880242416007	3196 MARYLAND PARKWAY #306 LAS VEGAS NU 891090000	
- BARSTOW COMMUNITY HOSP	C 330269571004	555 SOUTH SEVENTH STREET BARSTOW CA 923110000	
- LAUREL A BARTHOLOMEY MD	501920421008	COLORADO WEST WOMANCARE 425 PATTERSON RD #603 GRAND JUNCTION CO 815060000	
- H H BARTHOLOMEW MD	C 552483418006	SALT LAKE CLINIC 333 SOUTH 9TH EAST SALT LAKE CITY UT 841020000	

48 A 0 PC LINE 5 COL 2

PF5

```

ACTION-CODE: MANAGED HEALTH CARE HL80745
ENTER ST TO SFF STATUS, FI TC-FNC-DATF & PROG-TYPR.
CI IDENT-ID: 004109781 CI B-EPA-ID: 0004109781 ORCTCAL-TC: 0004109781
NAME: PENDER SHAYLIE DOB: 06/11/1992 ELIG-ENR-DATE:
HMC-DATE: 32/23/99 HMO-TPL: STATUS: PROG-TYPE:
PROVIDER-NBR PROVIDER-NAME BEG-DATE END-DATE * LOCKIN
000455945005 PEHP PR 02/10/99 99/99/99 *
----- HMO ENROLLMENT -----
HMO-PROU-NBR DATE CODE HMO-PROU-NBR DATE CODE HMO-PROU-NBR DATE CODE
000455945005 9904 P
000455945005 9903 P
000455945005 9902 P
----- HMO PAYMENT DATA -----
----- LOCKIN/CASEMANAGEMENT AND MENTAL HEALTH DATA -----
CODE PROVIDER-NBR PROVIDER-NAME EFF-DATE END-DATE
M B7842776700B SOUTHWEST MENTAL HEA 05/01/97 06/30/98

```

The open Medicaid HMO selection
and the CHIP HMO

- selection will be shown on the same line. The only difference is the Provider numbers.
- The HMO Payment data will also hold the premium payment information for Medicaid and CHIP. You will need to use the Help Window shown below to determine if the provider is a Medicaid or CHIP provider.

Note: Effective 8/16/01 new payment codes have been added for CHIP. The CHIP premium will be recorded as a Y or Z instead of a P. The system will know to print a blank card if a Medicaid card is ordered after the CHIP. For premium payments before 8/16/01 a 695 will need to be written for those periods of dual eligibility. Refer to page 7 for information on writing the 695.

SCRA I - Session:

NO A SESSION

RMC PAYMENT CODES 03/22/91

1 = PAID PREMIUM - Premium was added
 2 = PAID PREMIUM - But RMC is paying claims
 3 = PAID PREMIUM - Subra
 4 = PAID PREMIUM - Subra but RMC is paying claims
 5 = PAID PREMIUM - Paid
 6 = PAID PREMIUM But RMC is paying claims
 7 = DELETED PREMIUM
 8 = PAID PREMIUM - Same as old code 6, 9, 4 or L
 9 = SPENDING NOT PAID - Converts to P when Spenddown is set
 A = ADVANCE NOTIFICATION SENT
 C = CLOSURE
 Y = CHIP Premium Paid - Plan A - Effective 8/16/91
 Z = CHIP Premium Paid - Plan B - Effective 8/16/91

NO A Session] R 1 G 1 B:21 3/22/91

MMIS Instructions for CHIP

PF6

8

The Aid Types for CHIP will be CI1 & CI2 (Plan A) and CI3 (Plan B).
The Fund Type will be C. The Category will be CHIP.

EXTMIS4 - Session2

ACTION-CODE: RECIPIENT OVERVIEW HLB0751

ACTION ST = STATUS AF = MAC ISSUE DATE AD = ADDRESS DT = APPLICATION DATE

CI IDENT-ID: 0004109781 CI D-APA-ID: 0004109781 ORIGINAL-TC: 0004109781

NAME: PENDER SHAYLIE SEX: F DOB: 06/11/1992

SSN: 646121661 LIVING ARRANGEMENTS: RELATIONSHIP:

DEATH DATE: STATUS: CLOSE REASON:

MAC ISSUE DATE: HOUSEHOLD SIZE: APPLICATION DATE:

ADDRESS: ADDRESS: ADDRESS:

(MAIL) (RES)

PHONE: TEAM: RESP PERSON:

----- ELIGIBILITY DATA -----

BEGIN DATE	END DATE	CM Y	DIST	AID	FUND	CATEGORY	CASE NBR
02/10/99	04/30/99	01	HCP	CI2	C	CHIP	00432082
04/01/98	06/30/98	01	HCP	A5	A	MEDICAID	00432082
05/01/97	03/31/98	01	HCS	A5	A	MEDICAID	00432082

NUM OF LINES LEFT: 000

3/29/99

Aa B Session2 R 3 C 13 15:46 3/29/99

EXTMIS4 - Session2

ACTION-CODE: ELIGIBILITY INQUIRY HLB0761

CANNOT DISPLAY MFI FX OR TEAM - NO CASECOMP FOR DATE

CI IDENT-ID: 0004109781 DEATH-DATE: 03/01/99 MONTH-INDICATOR: Y

OLD-APA-ID: 0004109781 ORIGINAL-ID: 0004109781 SSN: 646121661

NAME: PENDER SHAYLIE HOUSEHOLD-SIZE:

DOE: 06/11/1992 SEX: F TEAM: NMC

----- ELIGIBILITY -----

BEG DATE	END DATE	CAT	DIST	CASE NBR	HEALTH CARE NAME	LOCKIN
03/01/99	03/31/99	CH	HOP	000432082	CHIP PEHP PREFERRED	
					CHIP PEHP DENTAL	

----- IPL -----

IPL NAME	POLICY	GROUP	POLICY HOLDER
ADDRESS:			
ADDRESS:			
ADDRESS:			

----- MEDICAL EXCESS -----

EFF YMM	PROGRAM TYP	CATEGORY	SPENDDOWN PAID DATE	EXCESS AMOUNT

Aa B Session2 R 3 C 13 15:50 3/29/99

2

PF7

CHIP eligibility will be identified by the Category code of CH. The word CHIP will also be included in the Health Care Name. i.e. CHIP PEHP Preferred or CHIP UHC.

PF13

8

Monthly CHIP eligibility will display on this screen, but a card will not be printed.

The CT codes for CHIP are:

CH1 = Plan A

CH2 = Plan B

```

ACTION-CODE: MEDICAL CARD DISPLAY HLB0701
NO MORE RECORDS FOR CLIENT
CLIENT-ID: N004109701 MORE:

PD: 03/26/99 CT: CH1 PCM: CI CNTY: 01 BEG: 04/01/99 END: 04/30/99
NAME: PENDER SHAYLIE DOB: 06/11/1992 AGE: 006 SEX: F
PRL: CHIP PEHP PREFERRED CHIP PEHP DENTAL
TPL:

PD: 02/23/99 CT: CH1 PCM: CI CNTY: 01 BEG: 03/01/99 END: 03/31/99
NAME: PENDER SHAYLIE DOB: 06/11/1992 AGE: 006 SEX: F
PRL: CHIP PEHP PREFERRED CHIP PEHP DENTAL
TPL:

PD: 02/23/99 CT: CH1 PCM: CI CNTY: 01 BEG: 02/10/99 END: 02/28/99
NAME: PENDER SHAYLIE DOB: 06/11/1992 AGE: 006 SEX: F
PRL: CHIP PEHP PREFERRED CHIP PEHP DENTAL
TPL:

PD: CT: PCM: CNTY: BEG: END:
NAME: DOB: AGE: SEX:
PRL:
TPL:

```

MMIS Instructions for CHIP

ACTION-CODE: CHOICE OF HEALTH CARE DELIVERY HLB0746

CASE-NO: NAME: DOB: PGM: NHC: ELIG:

6604109787 PENDER BRIAN DOB: 06/22/70 PGM: NHC: ELIG:

0704109784 PENDER LEANN DOB: 08/03/72 PGM: NHC: ELIG: HCS 07/31/97 00432082

0804109787 PENDER SHAYLIE DOB: 06/11/92 PGM: NHC: 02/23/99 ELIG: HOP 04/30/99 00432082

0904109789 PENDER ASHLIE DOB: 01/23/91 PGM: N3 NHC: ELIG: HOP 04/30/99 00432082

1204109796 PENDER BAYLIE DOB: 03/24/95 PGM: N3 NHC: ELIG: HOP 04/30/99 00432082

1/2

PF15

A special code will be used for CHIP. That code will be “K” for kids.

There will be system edits in place that will not allow a Medicaid HMO or PCP provider number to be used with a “K” code. The reverse will also be true. An “H” or “C” code will not allow a CHIP provider number to be used.

NOTE: The system will not edit Aid type- so be sure to use the right code for the right program.

The valid CHIP HMO codes are:

PEHP ED	= PEHP Exclusive (urban)
PEHP PR	= PEHP Preferred (rural)
AFCCHIP	= American Family Care CHIP
UHCCHIP	= United Healthcare CHIP (n/a in Utah Co.)

The application date is the “Begin Date” for the CHIP HMO and it is the date that is entered in the “BEG:” field.

For PEHP Exclusive only.

- , The primary care servicing provider number needs to be added by tabbing to the second line.
- , Place a “Z” in the code space.
- , Type the servicing license number in the next field and press enter. (It is not necessary to enter the begin date.)

Changes in the primary care provider need to be referred to PEHP. Do not change the pcpl!

If a child goes from CHIP eligibility to Medicaid eligibility the system will auto close the CHIP HMO **when a card prints**. There will always be a blank card in between when the system auto closes the selection.

Manual changes from CHIP to Medicaid will be made as usual. Close the CHIP selection and add a new line for the Medicaid selection.

Client Education

- Steps to follow:
1. Educate on benefits.
 2. Provide information on which HMOs are available.
 3. Get HMO selection. (for PEHP Exclusive get pcp)
 4. Enter the HMO selection as last step in opening case. The health selection triggers eligibility because eligibility does not begin until a premium is paid.

It will be necessary to educate and provide literature to clients on Medicaid and/or CHIP. BES workers will educate on all available HMOs in their area and provide applicable handouts. The CHIP application is not completed until a HMO selection has been made. Enter the CHIP HMO in MMIS immediately following the PACMIS input . The PACMIS input and the HMO must be entered the same day for proper notification.

CHIP is not an entitlement program. Don't make promises to enrollees!

When educating enrollees on CHIP be sure they know that the benefits are the same under each HMO. The only differences are the provider and the policy requirements, i.e. naming a pcp, where they get services, etc.

CHIP Literature

BES workers will only receive desk copies of the CHIP literature to show to clients. The provider participation information is on Folio or in your desk copy. A one page handout or business card will be the only information given to CHIP enrollees by the BES worker. If you are determining CHIP eligibility after the client has been seen face-to-face, or are not seeing the applicant face-to-face, you will need to mail them the HMOs business card and the benefit sheet.

CHIP Benefit Year

The CHIP HMO selection is made for one year but the first selection will go from application date to the end of the benefit year (currently July 1, 2001 to June 30, 2002). Enrollees may change their CHIP HMO during the open enrollment (May 1st to June 15th) period **only**. Your Managed Health Care HPR will enter the changes which will be effective on July 1st. Enrollees *may* change the HMO if a new application is made after the open enrollment period.

There may be Good Cause criteria for changing the HMO selection outside of that time period. Requests to change the CHIP HMO should be directed to your Managed Health Care HPR who will work with the client and state office to see if they meet the Good Cause criteria.

DO NOT CLOSE THE CASE AND REOPEN IT WITH A NEW SELECTION DURING THE BENEFIT YEAR. Do not close the HMO selection on MMIS if the CHIP case closes unless the enrollee is going to be Medicaid eligible. If a case goes from CHIP to Medicaid and then back to CHIP you will need to re-enter the same CHIP HMO selection.

Out-of-pocket expenses are accumulated for the full benefit year. The CHIP HMOs are keeping track of the out-of-pocket expenses for CHIP enrollees and reporting that information to the state. The state will then notify the HMOs when the combined medical and dental out-of-pocket maximum has been reached. Enrollees will be notified by the HMO when they have met their out-of-pocket maximum. If there are problems or discrepancies in the out-of-pocket amount the client first needs to contact their HMO to see if they can work it out. If they are unable to work out the problem with their HMO have them forward the receipts to your Managed Health Care HPR for reconciliation.

Good Cause Reasons to Change the HMO

1. **Access to care:** Moving outside of an area covered by a current CHIP HMO or by moving outside the “coverage” area, i.e. United not available in Utah County.
2. **Quality of Care:** Specialized care that is unavailable through the current HMO and the HMO is unwilling to contract out. This is necessary in order to prevent a possible lawsuit.
3. **Worker error:** If you make an error in the selection contact your Managed Health Care HPR.

Open CHIP/Retro Medicaid - For CHIP Premium Payment Dates before 8/16/01

For retroactive Medicaid, CHIP will be treated like a TPL.

The steps to follow when a CHIP enrollee is determined Medicaid eligible for retroactive months are:

1. Issue the Medicaid cards to pass eligibility information from PACMIS to MMIS.
2. Issue a 695P, for the entire retro period, with "NONE" written in the health selection section and the CHIP HMO in the TPL section. i.e. CHIP PEHP Exclusive. The retroactive Medicaid card will come out saying "CHIP" so the 695P is all the client will have to show Medicaid eligibility.

NOTE: The retro period is any month where a CHIP premium has been paid. Look on MMIS PF5 to identify those months or contact your Managed Health Care HPR to give you that information.

3. Enter the Medicaid health selection for the first possible month.
4. Notate the action in CAAL.

Note: The MMIS system will print Medicaid cards correctly for CHIP premium payment dates of 8/16/01 or later. Workers will receive an alert if a 695P is required. Do not write a 695P for retro Chip dates unless you receive an alert.

Grievance Pathway

1. Refer participants to their HMO to file a grievance.
2. If a resulting decision from the HMO is not acceptable or if there was a computer or programming error (i.e a premium not paid or a case not authorized) the participant will be referred to the Managed Health Care HPR in their area.
3. Participants will be referred to the Formal Hearing Office of CHIP if the HMO grievance decision was unacceptable.

Pregnant CHIP Enrollees

Wasatch Front - When a CHIP enrollee is pregnant register the unborn as soon as possible. The unborn must have a Medicaid HMO selection entered to match the CHIP HMO selection as follows:

AFCCHIP = AFC

UHCCHIP = United Medchoice

PEHP Exclusive = IHC Access

The Medicaid HMO selection for the unborn needs to be *entered into the MMIS PF15 for the first possible month to allow notification to the HMO. Call your Managed Health Care HPR as soon as pregnancy is reported and before cards are issued.* If the pregnancy is reported after the baby is born follow normal CHIP/Medicaid guidelines.

Applicable Rural Areas - The Medicaid Primary Care Physician needs to be *entered for the unborn, the month after birth.*

Old TPL Information Retained in ORSIS

As part of the initial screening of potential CHIP enrollees, if the enrollee has ever been on Medicaid or CHIP, BES workers should check PF10 on the MMIS system to see if any TPL information exists. If so, they should immediately contact ORS to inform them that the insurance has terminated and request that it be removed. After ORS has verified that the insurance has been terminated and has removed it from the system, they will inform the BES worker that this has been done. ORS has agreed that these cases will be priorities and will try to get information removed within a day's turnaround time.

Procedures on next page.

Old TPL Information Retained in ORSIS cont.

- Procedures:
1. When BES receives a CHIP application and finds that the client was ever on Medicaid, they will check PF10 to see if TPL information exists on the system. If not, no further action is required.
 2. If TPL exists, the worker will ask the enrollee when the insurance terminated. BES will then send an e-mail to the appropriate worker* at ORS to request that the insurance be removed from ORSIS. Information that must be included in the e-mail is:

Name of the child and their high level index number (client I.D.)

Name of the insurance company

Policy Holder's Name and I.D.#

*ORS workload alpha split:

Lynda Shah	A - CHRISTENSEN, JEAZ	536-8732
Lorraine Eshelman	CHRISTENSEN, JEB - GONZALES, RZ	536-8790
Debbie Wilbur	GONZALES, S - LAKEZ, ZZ	536-8378
Carol Grove	LAKF, A - ORAMZ, ZZ	536-8114
Connie Frandsen	ORAN, A - SNARR, SZ (Champus verifications)	536-8734
Lilly Lakin	SNARR - ZZZ,ZZZ	536-8726

3. When ORS receives the e-mail, they will immediately contact the insurance company and verify that the insurance has indeed been terminated. They will then remove the information from ORSIS and send an e-mail to the worker telling them that the insurance has been removed.
4. The worker can then authorize PACMIS and enter the provider information on the systems.

Information on PEHP Exclusive/PEHP Preferred

PEHP Exclusive requires a primary care provider (pcp) to be listed for each enrollee. Each enrollee can have a different pcp. The BES worker will:

- , Get the **initial** pcp selection
- , Find the pcp code in FOLIO (only providers with that code can be pcps)
- , Enter the pcp code into MMIS

The enrollees can change the pcp anytime by calling PEHP. DO NOT change the pcp selection.

The providers for PEHP Exclusive are actually contracted with IHC Select Med. PEHP sub-contracts with IHC. If you run into a situation where you need to have a provider added to the PEHP Exclusive list it will take coordination between the provider, PEHP and IHC. If you have problems contact your Managed Health Care HPR.

PEHP enrollees will receive only one insurance card for medical benefits. This card will only have the name of one person on the case (the youngest child). When the provider calls up the system it will pull up the whole household.

PEHP's pharmacy program (both plans) is administered by Paid Prescription L.L.C. PEHP is notifying all of their pharmacies about CHIP but if you get any complaints about enrollees being turned away please check to see that the parent is giving the information shown on the member card. If the parent gives the wrong SS# the Merck system may not show eligibility. If the problem is not that easily resolved contact your Managed Health Care HPR. Enrollees may pay for the prescription out-of-pocket and mail the claim form into Paid Prescriptions. The prescription forms will be included in the PEHP enrollment packet.

Daily enrollments will be transferred to the PEHP enrollment department and that will automatically trigger the mailing of the enrollment packet. The enrollees will receive the information within a week but will not be contacted by anyone from PEHP.

PEHP Preferred will automatically load as the selection in rural areas. **Remember! MMIS**

TIPS FOR CHIP PARTICIPANTS ACCESSING PEHP

1. Once you are approved for CHIP, there will be an interim period of time before your eligibility is established with the medical/dental provider, Public Employees Health Program (PEHP).
2. You will receive a packet from PEHP containing instructions on how to access their services. This packet will include booklets on covered services, forms for prescription reimbursement, and phone numbers to call for questions and prior authorizations.
3. Barring any complications with the electronic eligibility file, the eligibility will be at Paid Prescriptions within 3 days after PEHP receives the eligibility from the Department of Health.
4. If the eligibility is not at Paid Prescriptions yet, participants are instructed to purchase the prescriptions themselves. You can be reimbursed by one of the following methods:
 - a. If the eligibility is set up at Paid Prescriptions within 2 weeks from the date of fill, the patient can go back to the pharmacy and request that the pharmacy resend the prescription through the card. Once the claims accepts electronically, the pharmacy refunds the participant anything over and above the established copayment. **THIS IS THE PREFERRED METHOD.**
 - b. If the eligibility is not set up at Paid Prescriptions within 2 weeks from the date of fill or the participant does not wish to go back to the pharmacy to have them resubmit the claim through their card, the participant can save their receipts of personal payments and submit the receipts on a Direct Claim Form to Paid Prescriptions. Direct claim forms will be mailed with the packet from PEHP.
5. If the participant has questions regarding the coverage of a drug, they will need to contact Paid Prescriptions via telephone, 1-800-903-4725 to be sure the prescription is covered under the PEHP. If it is not covered, the participant will be responsible for payment of the prescription or see if their physician will prescribe another drug for the same treatment. **Please do not use this number for verification of eligibility.** If you have questions regarding eligibility, please contact your case worker at the Department of Health.
6. Medical and dental services requiring prior approval must have the prior approval done before the service is rendered. Be sure the service is covered by calling PEHP's Customer Service at 1-800-765-7347. **Do not call this number for verification of drug benefits.** Please use the Paid Prescription number above.
7. To protect yourself from receiving medical or dental services that PEHP will not pay for, be sure to call PEHP and ask questions prior to receiving any medical or dental service.



C.H.I.P Health and Dental Plan Benefit Summary: American Family Care (Healthy Kids) - 483-0760, or toll-free at 1-888-483-0760
Public Employees Health Program (PEHP) - 366-7555, or toll-free at 1-800-765-7347
Public Employees Dental Program (PEDP) - 366-7555, or toll-free at 1-800-765-7347
United HealthCare (United Kids Care) - 944-6000, or toll-free at 1-800-824-9313

BENEFITS	Plan A: Family income is at or below 151% of the Federal Poverty Level	Plan B: Family income is from 151% to 200% of the Federal Poverty Level
Office Visit or Urgent Care Center Visit	\$5 co-pay per visit (No co-pay required for well child exams)	\$10 co-pay per visit (No co-pay required for well child exams)
Immunizations and Well Child Exams	No co-pay, plan pays 100%	No co-pay, plan pays 100%
Emergency Room	\$5 co-pay per visit for emergencies	\$30 co-pay per visit for emergencies
Pre-existing Condition Waiting Period	No Waiting Period	No Waiting Period
Pharmacy	\$2 per prescription, for prescriptions on approved list only	\$4 per prescription, for prescriptions on approved list only
Laboratory	Plan pays 100%	Per lab: If less than \$50, plan pays 100% If more than \$50, plan pays 90%
X-rays	Plan pays 100%	Per x-ray: If less than \$100, plan pays 100% Per x-ray: If more than \$100, plan pays 90%
Out-patient hospital	Plan pays 100%	Plan pays 90%
Inpatient hospital	Plan pays 100%	Plan pays 90%
Surgeon	Plan pays 100%	Plan pays 100%
Hospital Inpatient Physician Visits	Plan pays 100%	Plan pays 100%
Ambulance - Ground and Air	Plan pays 100%	Plan pays 100%
Medical equipment and Supplies	Plan pays 100%	Plan pays 80%

LIMITED BENEFITS (The following benefits are limited, please contact your CHIP health plan for additional information.)

Dental Services Covered: - cleaning exam, x-rays; - fluoride & sealant; - filling of cavities; - space maintainers; - pulpotomies; and - extractions	Plan pays 100% (for CHIP covered services listed at left)	Plan pays 100% for cleanings, exams, x-rays, fluoride, and sealants. Plan pays 80% for space maintainers, fillings, extractions, and pulpotomies. (please refer to your PEDP benefit handbook, or contact PEDP, for specific costs of services not covered at 100%)
Hearing Screening	Plan pays \$30 per child for hearing screening, limit of one screening every 24 months	Plan pays \$30 per child for hearing screening, limit of one screening every 24 months
Vision Screening	Plan pays \$30 per child for eye exams, limit of one exam every 24 months	Plan pays \$30 per child for eye exams, limit of one exam every 24 months
Mental Health and Substance Abuse (combined totals)	Inpatient - Plan pays 100% 30 days per plan year, per child limit Outpatient - \$5 co-pay for each visit 30 visits per child, per plan year limit (Inpatient/Outpatient conversion available)	Inpatient - Plan pays 90% for the first 10 days, 50% for the next 20 days 30 days per child, per plan year limit Outpatient - Plan pays 50% per visit 30 visits per child, per plan year limit (Inpatient/Outpatient conversion available)
Physical, Occupational, and Chiropractic Therapy (combined total)	\$5 co-pay per visit, 16 visits total per plan year, per child	\$10 co-pay per visit, 16 visits total per plan year, per child

Note: This is a summary only and plan restrictions may apply. Please contact your plan for specific plan requirements Revised: /2000

WHAT IS CHIP?

CHIP is the new Utah Children's Health Insurance Program. CHIP offers medical and dental insurance for uninsured children up to age nineteen who may not fit into a Medicaid program due to family income but whose families cannot afford private health insurance.

With CHIP, families do not pay insurance premiums. However, there may be co-payments when medical services are used. There is no charge for preventive services received.

FOR ADDITIONAL INFORMATION AND TO FIND OUT WHERE TO APPLY FOR CHIP

YOU MAY CALL TOLL-FREE:

1-888-222-2542

BENEFICIOS

Plan A

El ingreso familiar es igual o menor que 151% del Nivel de Ingreso Federal

Plan B

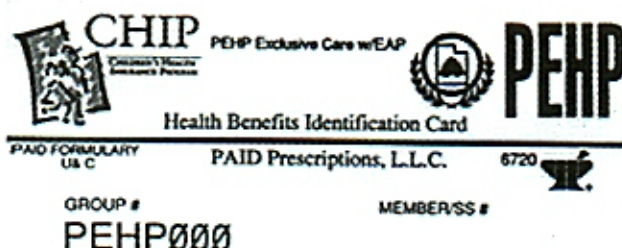
El ingreso familiar es entre 151% y 200% del Nivel de Ingreso Federal

Visita al Medico o visita a un Centra de Emergencia	\$5 co-pago por visita (Este pago no es requerido para exámenes de CHIP)	\$10 co-pago por visita (Este pago no es requerido para exámenes de CHIP)
Vacunas y exámenes de CHIP	El plan cubre 100%, no co-pago	El plan cubre 100%, no co-pago
Sala de Emergencia	\$5 por visita por emergencia	\$30 por visita por emergencia
Periodo de espera por condiciones pre-existentes	No hay periodo de espera	No hay periodo de espera
Farmacia	\$2 por receta, medicinas en la lista aprobada solamente	\$4 por receta, medicinas en la lista aprobada solamente
Laboratorio	El plan paga 100%	Hasta \$50, el plan paga 100%. Mas de \$50, el plan paga 90% del valor solamente
Rayos X	El plan paga 100%	Hasta \$100, el plan paga 100%. Mas de \$100, el plan paga 90% del valor solamente
Servicio de hospital ambulatorio	El plan paga 100%	El plan paga 90%
Servicio de hospitalización	El plan paga 100%	El plan paga 90%
Cirujano	El plan paga 100%	El plan paga 100%
Visita de Medico en el hospital	El plan paga 100%	El plan paga 100%
Ambulancia-Tierra y/o aire	El plan paga 100%	El plan paga 100%
Equipo y artículos médicos	El Plan paga 100%	El plan paga 80%

BENEFICIOS LIMITADOS (Los siguientes beneficios son limitados, favor de contactar su HMO para mayor información.)

Servicios dentales autorizados: -limpieza, examen, rayos x; -flouride y sellamientos; -tapaduras y picaduras; -mantenedores de espacio; -pulpotomías y extracciones.	Su plan paga el 100% (para los servicios de chip listados a la izquierda)	Su plan paga el 100% para limpieza, Examen, rayos x, flouride y sellamientos Su plan paga 80% para mantenedores de espacio, tapaduras, extracciones, y pulpotomías. (Favor de referirse a su manual de beneficios de PEDP, o llame directamente a sus oficinas para consultar por costos de servicios específicos no cubiertos al 100%)
Chequeos de audición	Su plan paga \$30 por niño para chequeos de audición. Este servicio se limita a una vez cada 24 meses.	Su plan paga \$30 por niño para chequeos de audición. Este servicio se limita a una vez cada 24 meses.
Chequeos de visión	Su plan paga \$30 por niño para examen de la vista, limite un examen por año.	Su plan paga \$30 por niño para examen de la vista, limite un examen por año.
Salud Mental y abuso de drogas (Totales combinados)	Hospitalización. su plan paga 100%, limite 30 días por año servicio ambulatorio. usted paga \$5 por cada visita, limite 30 visitas por año, por niño. (Se puede convertir servicios de hospitalización con servicios ambulatorios.)	Hospitalización. su plan paga 90% por los 10 primeros días. 50% por los próximos 20 días. Limite 30 días por año por niño. servicio ambulatorio. su plan paga 50% por visita. Limite 30 visitas por año, por niño. (Se puede convertir servicios de hospitalización con servicios ambulatorios.)
Terapia física, terapia ocupacional y servicios de quiropráctico.	Usted paga \$5 por visita, limite 16 visitas por año. por niño.	Usted paga \$10 por visita, limite 16 visitas Por año, por niño.

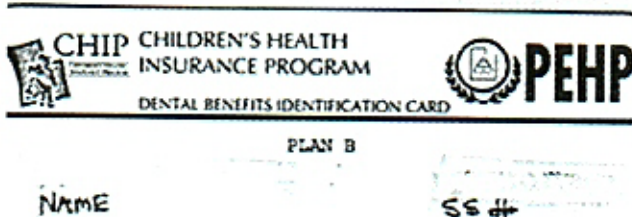
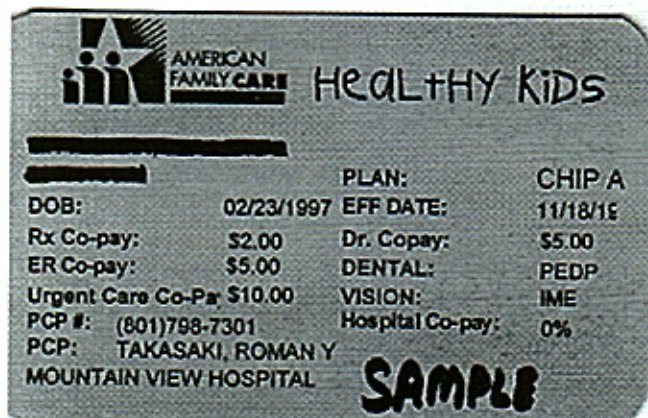
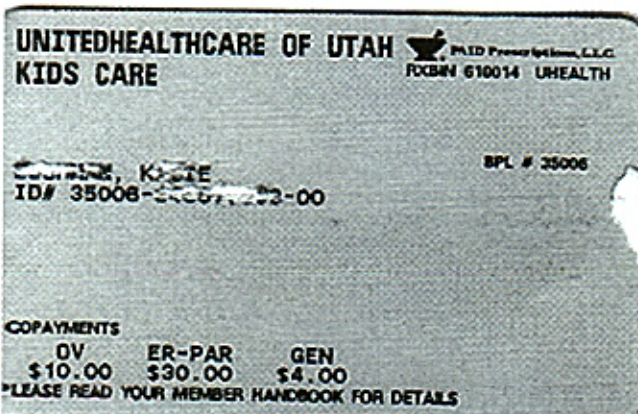
Nota: Esto es solamente un resumen y su plan puede tener restricciones. For favor contacte su HMO para mas informacion.



Plan B

Office CoPay: \$10

This ID Card does not guarantee medical coverage or benefits.



SAMPLE

This ID Card does not guarantee Dental coverage or benefits.

Request a referral from your PCP before you see a specialist

To access your EAP call 1-800-876-1989

Send claims to:

Public Employees Health Program
Attn: Medical Claims
560 East 200 South
Salt Lake City, Utah 84102IHC NETWORK SELECT
A Service of International Health Care

Important Phone Numbers Concerning your Benefits

- Pharmacy Information - 1-800-903-4725
- PEHP Health Claims Information - 801-366-7555, 1-800-765-7347
- IHC Network Services - 1-800-442-2016
- According to Utah State Health Department Regulation R382-1-6, providers may not bill the member for charges in excess of the payor's allowed amount.

*Contact Customer Service at (888)824-9313 for benefit details.

*Visit our Website at: www.myuho.com

*Send claims to:

UnitedHealthCare
PO Box 659746
San Antonio Texas 78265-9746

*Call Nurseline at (877)365-7951 for 24-hour medical information.

*Call United Behavioral Health at (800)553-8664 for notification and mental health inquiries.

*For dental care information contact the CHIP Information Line at (888)222-2542.

SLC 3500664607860000



NOTICE TO MEMBER: Please carry this card with you always. Present it each time you receive health care services. If a serious emergency or injury that could lead to disability or death occurs, call 911. All services must be provided or approved by your Primary Care Physician (PCP) except for a serious emergency or injury. Failure to get approval from your PCP may disqualify you for any benefit coverage.

FOR AUTHORIZATIONS OR REFERRALS call 1-888-510-3030.

FOR MEMBER SERVICES call 1-888-483-0760 or 483-0760 in Salt Lake County.

NOTICE TO HOSPITALS: If you treat one of APC's members for an emergency or if you hospitalize a member, call APC's Authorization Department at 1-888-510-3030 within 24 hours or the next business day. Payment for services is provided only with appropriate and timely authorization.

SEND CLAIMS TO:
American Family Care of Utah
P.O. Box 520130
SLC, UT 84152-0130
1-888-483-0760 or 483-0760

FOR QUESTIONS REGARDING:
Behavioral Health Strategies (Mental Health)
1-800-511-4122
Rx America (Pharmacy)
1-800-770-8014

This card is for identification only and does not guarantee eligibility.
NOT TRANSFERABLE

Only the following services are covered by this program:

EXAMS	X-RAYS	CLEANING & FLUORIDE	RESTORATIONS
0120	0230	1120	2110-2161
0140	0220	1110	2330, 2331, 2332
0150	0272	1201	2335
	0274	1203	
SEALANTS	SPACE MAINTAINERS	EXTRACTIONS	
1351	1510	7110 & 7120	
	1550	3220	

Public Employees Health Program

560 East 200 South

Salt Lake City, Utah 84102

PEHP Customer Service: 801-366-7555, 1-800-765-7347

Member must use preferred dental providers or no benefits will be paid.

According to Utah State Health Department

Regulation R382-1-6, providers may not bill the member for charges in excess of payor's allowed amount.

Folio Training Packet for HMO Comparison Infobases

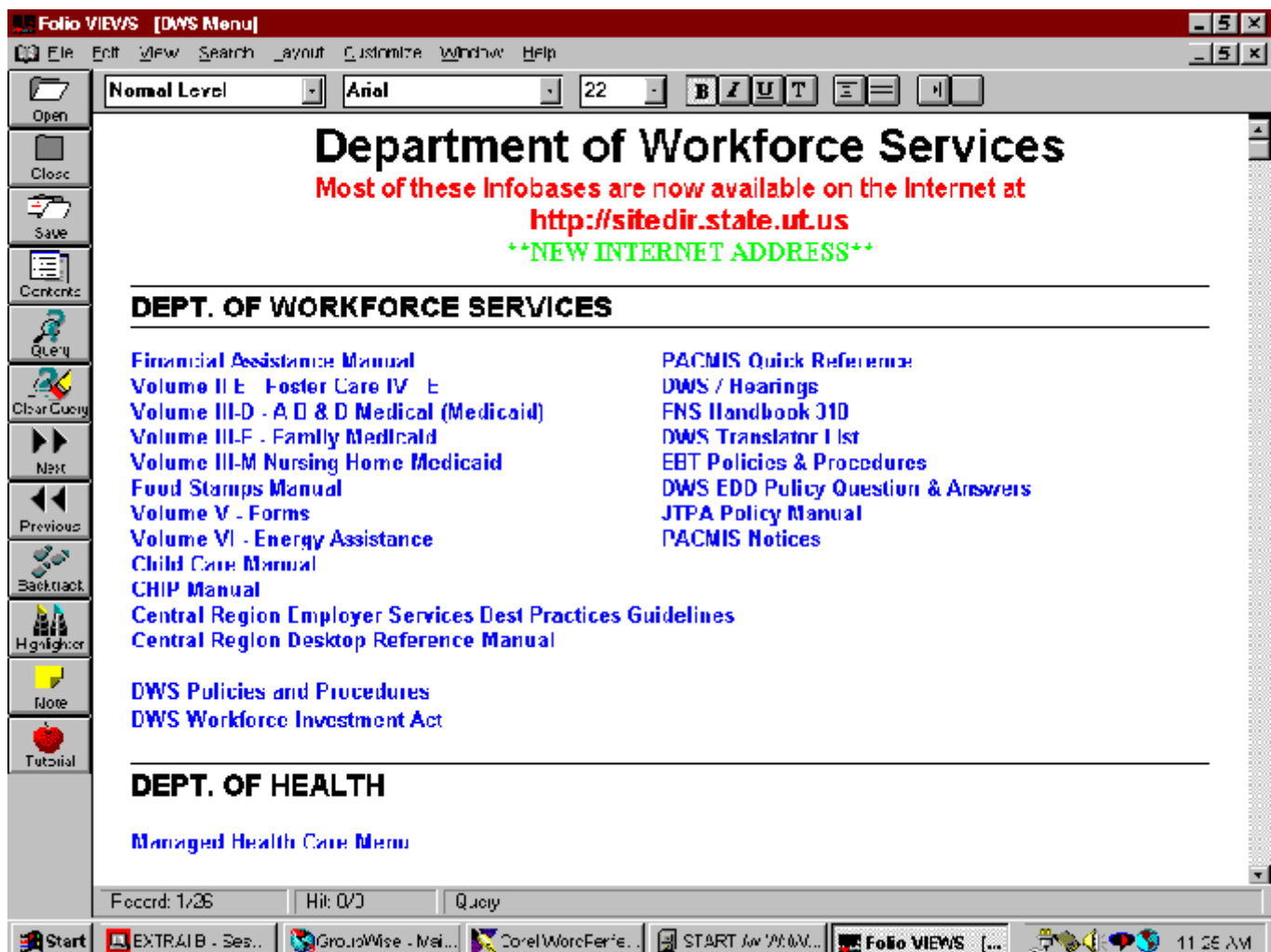
July 19, 2001

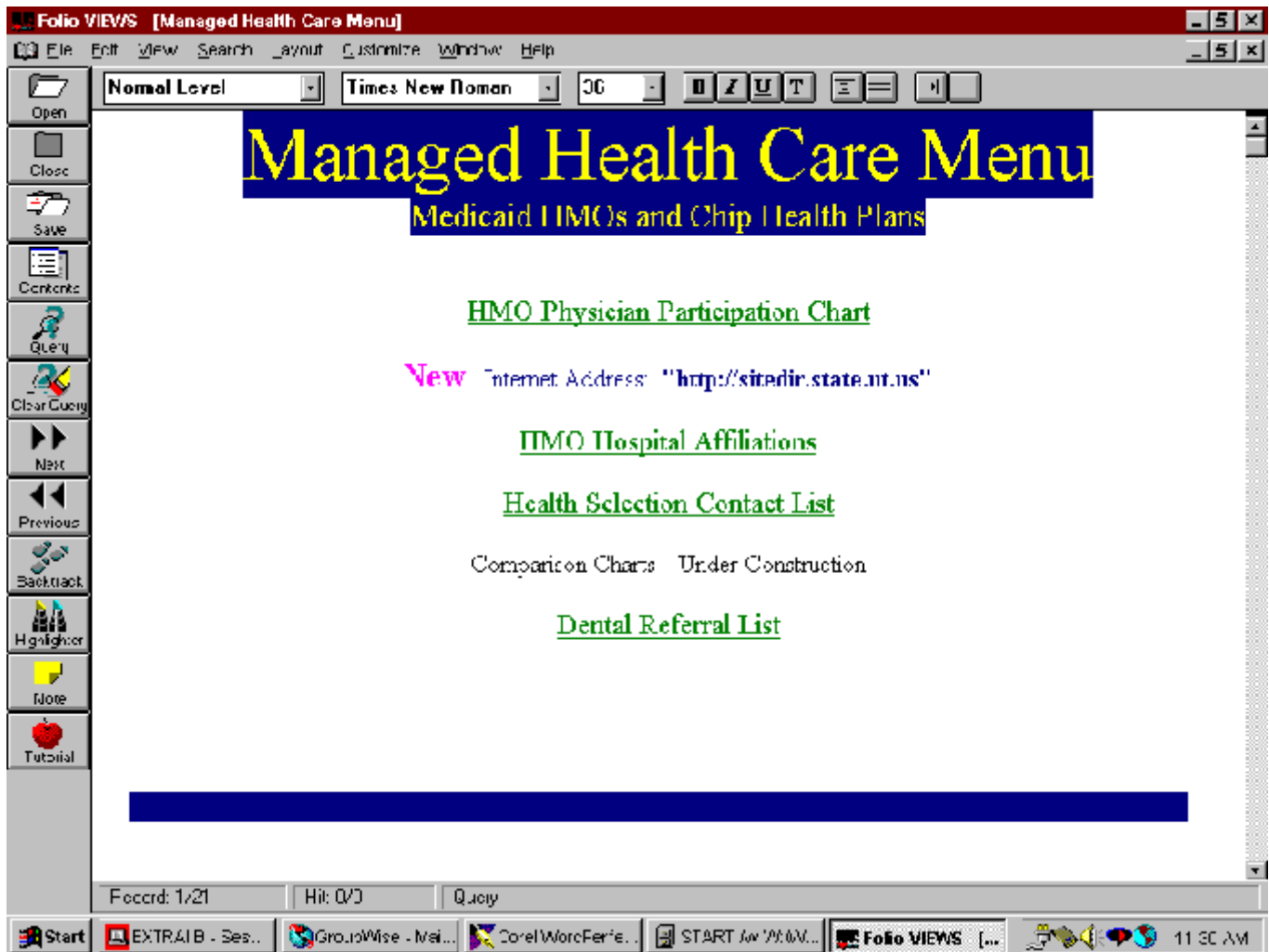
How to Open the Folio Infobase

The pathway to the HMO Comparison Infobase is through the DWS Menu. If you have trouble getting in you are looking for this file: **q:\30nfo\ofs\dwsmenu.nfo**. You can type exactly what you see here or click on the drive/directory/and file name until the one you want is highlighted.

When you see **Blue** text, this shows double clicking there will take you to another menu. Double Click directly on the blue words.

- < Double-click on the **BLUE** heading that says **“Managed Health Care”** to go to the next sub-menu





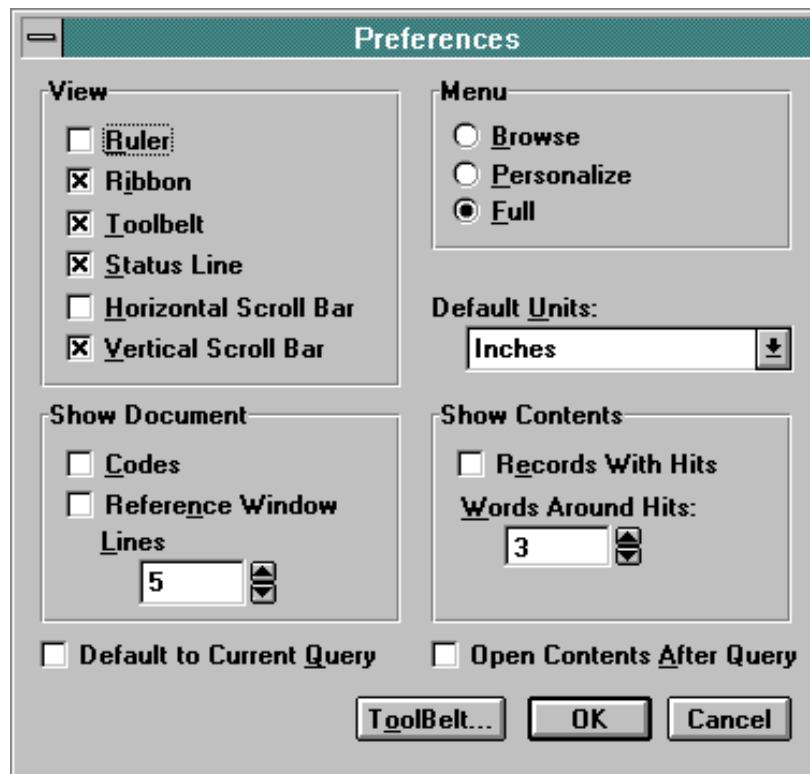
Now you will see titles in **GREEN**. This is a menu that allows you to go directly into the provider lists shown. Double Click on the desired Infobase name.

Also notice that each screen view shows how to back out of the view by pressing F5 or by clicking on the “Backtrack” button. The row of buttons (either across the top of the screen or down the left side of the screen) is called the Toolbelt.

Preferences

To get to Preferences Click on File . . . Preferences.

Under Preferences you can change your View, Show Document, Menu, Show Contents and Toolbelt. Note: The text is wider than the screen width. Click on the Horizontal Scroll Bar to scroll right.

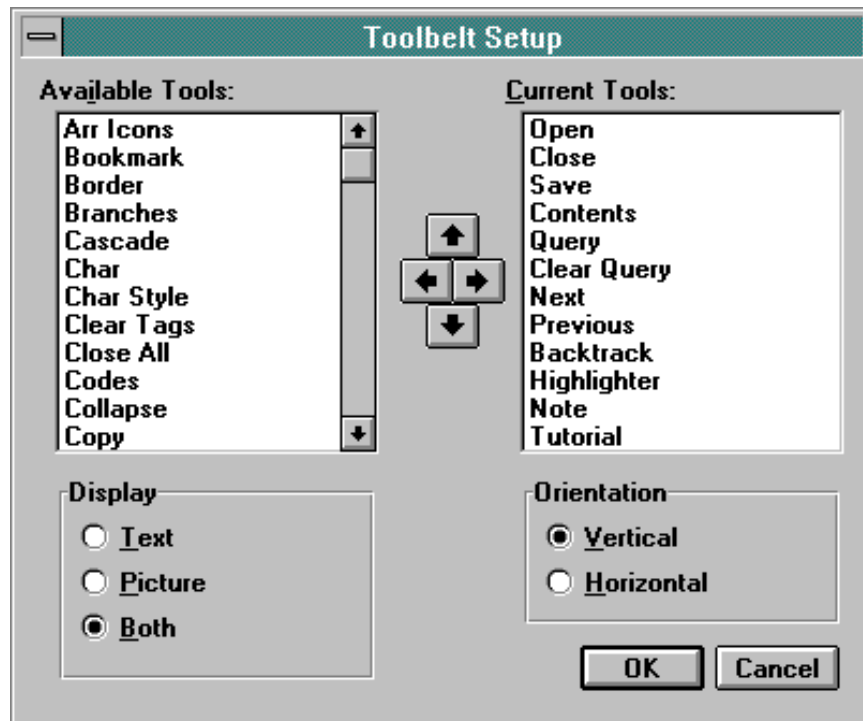


Toolbelt

You can change the buttons shown on the Toolbelt by going into Preferences.

File . . . Preferences . . . then click on the Toolbelt Button.

Note: To view a wider screen change the orientation to Horizontal.



In the Toolbelt setup you will see a column of Available Tools on the left and Current Tools on the right. In the center are four directional arrows. Highlight the Tool you want to move and use the directional arrows in the center to either place it on the Available Tools list (left arrow) or the Current Tools list (right arrow).

The Available Tools will always default to alphabetical order. You can arrange the Current Tools in any order by using the up and down arrows. Click on Okay when you have made your selections.

Query

Query is a very powerful way of finding information in the *records* in the Infobase called Hits. A record is a line or section of data that ends with a hard return. So one line of data, ending with a hard return, is a record. Such as:

Adderson Elizabeth

Pediatrics

United

IHC

To do a Query, click on the Query Button. You will get a Query Box that allows you to type in the word or words you want to view. Remember, the computer will only find exact matches but the “Word” box on the top left of the Query window can help guide you to the correct spelling, abbreviation or phrase used in the Infobase.

Example:

- | | | |
|-----------------------|---|---|
| Adderson Elizabeth | - | Finds every record with BOTH words. The words can be in any order and not necessarily together. The space acts as a "&" symbol. |
| "Adderson Elizabeth" | - | Finds every record that is and EXACT match. Words must match exactly as they are typed between the quotation marks. |
| Adderson or Elizabeth | - | Finds all records with EITHER Adderson OR Elizabeth. |
| Adderson Elizabeth | - | " " symbol means the same as the word "or". |
| Adderson & Elizabeth | - | Finds every record with BOTH words in any order. |

You can customize searches by combining symbols, quotes and spaces. Click on Ok after typing in the search criteria.

The screenshot shows a 'Query' dialog box with a teal header. On the left, under 'Word:', there is a list of words starting with 'a', with 'a' selected. On the right, under 'Records With Hits - 5', there is a diagram showing the relationship between words and their hit counts. The diagram shows 'jones - 23' and 'ronald - 17' connected by an '&' symbol to a '1', which is then connected to a '2'. 'smith - 41' and 'lynn - 18' are connected by an '&' symbol to a '1', which is then connected to a '3'. 'ratcliffe - 1' and 'williams - 13' are connected by an '&' symbol to a '1', which is then connected to a '4'. 'scott - 43' and 'abbotts - 1' are connected by an '&' symbol to a '1', which is then connected to a '5'. The diagram shows that the words are grouped into five distinct sets, each with a unique hit count. At the bottom, under 'Query For:', there is a text box containing the query string: '"jones ronald" or "smith j lynn" or "ratcliffe" or "williams scott" or "abbotts"'. Below the text box are four buttons: 'Apply To All', 'Help', 'OK', and 'Cancel'.

Word:

- 2
- a
- aaron
- abbotts
- abdallah
- abdulla
- abel
- aberton
- abildskov
- about
- abundo
- accepting
- ace

Records With Hits - 5

jones - 23
ronald - 17
smith - 41
j - 105
lynn - 18
ratcliffe - 1
williams - 13
scott - 43
abbotts - 1

Query For:

"jones ronald" or "smith j lynn" or "ratcliffe" or "williams scott" or "abbotts"

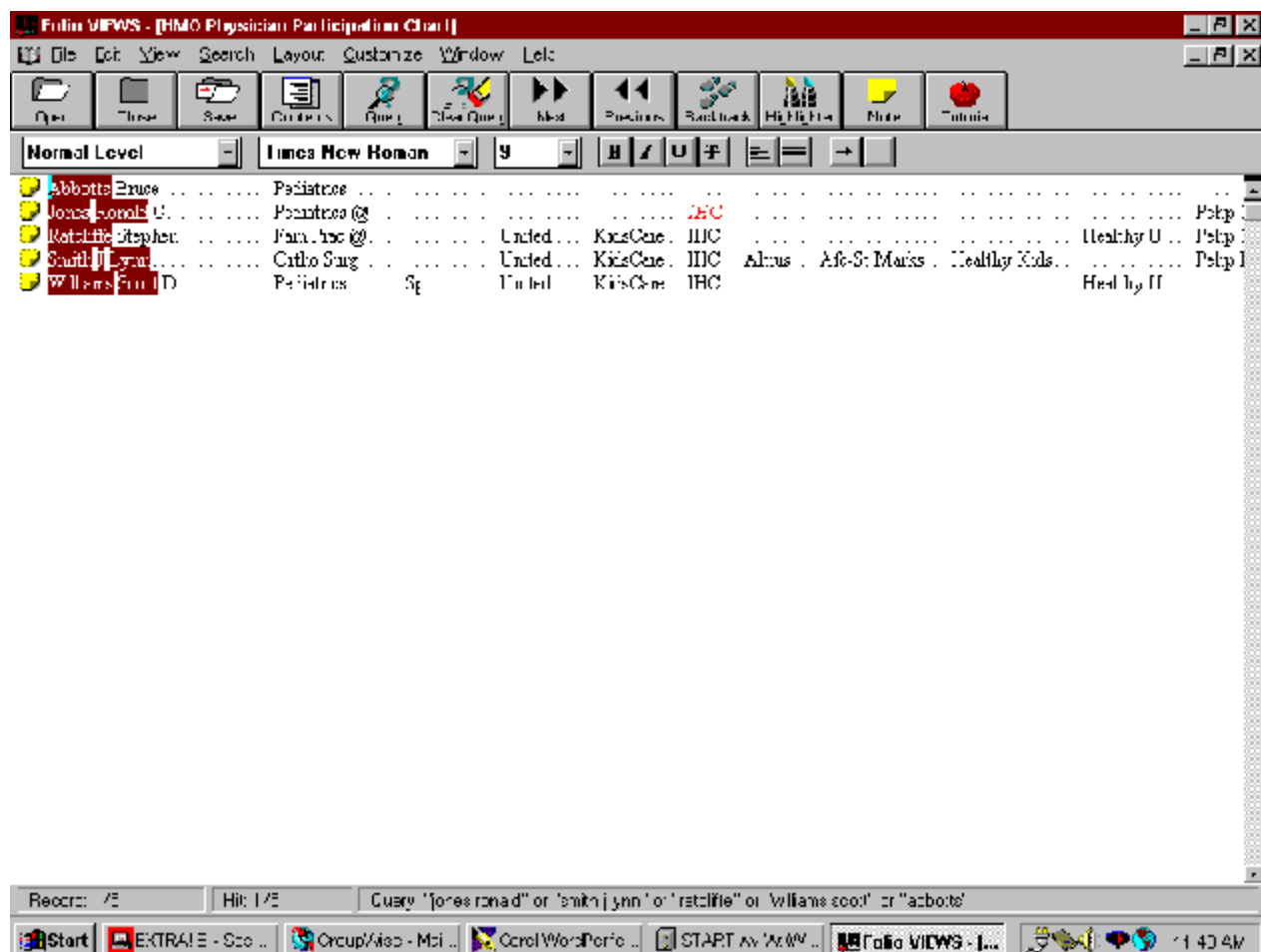
[I] [] [Apply To All] [Help] [OK] [Cancel]

Multiple Hits in One Query

To use windows to look up multiple doctors use ALT-TAB to change control back and forth between the Mainframe and Folio. You cannot use the minimize and maximize buttons while a Query is in process. Open both applications, Claims Inquiry (mainframe) and Query. ALT-TAB into Folio and type the first name, then ALT-TAB back to the mainframe for the next name. Watch the Hits as you close the quotations on each to see that it found the name. Click on OK after you type in all the doctors' names. You must surround the doctor's names with quotation marks. **Example:**

“Jones ronald” or “smith j lynn” or “ratcliffe” or “williams scott” or “abbotts”

You will go into the Infobase at the first hit. Click on View . . . **Records with Hits**. It will change to show only the names typed in and their HMO affiliations will line up. Records with Hits is like a toggle switch. It is either on or off. You can print just the list of doctors you have Hit on. (No pun intended.)



Note Query and Special Hits

You can look up all the podiatrists that are in two HMOS. This will find all the records that have all three words. **Example:**

United IHC podiatry

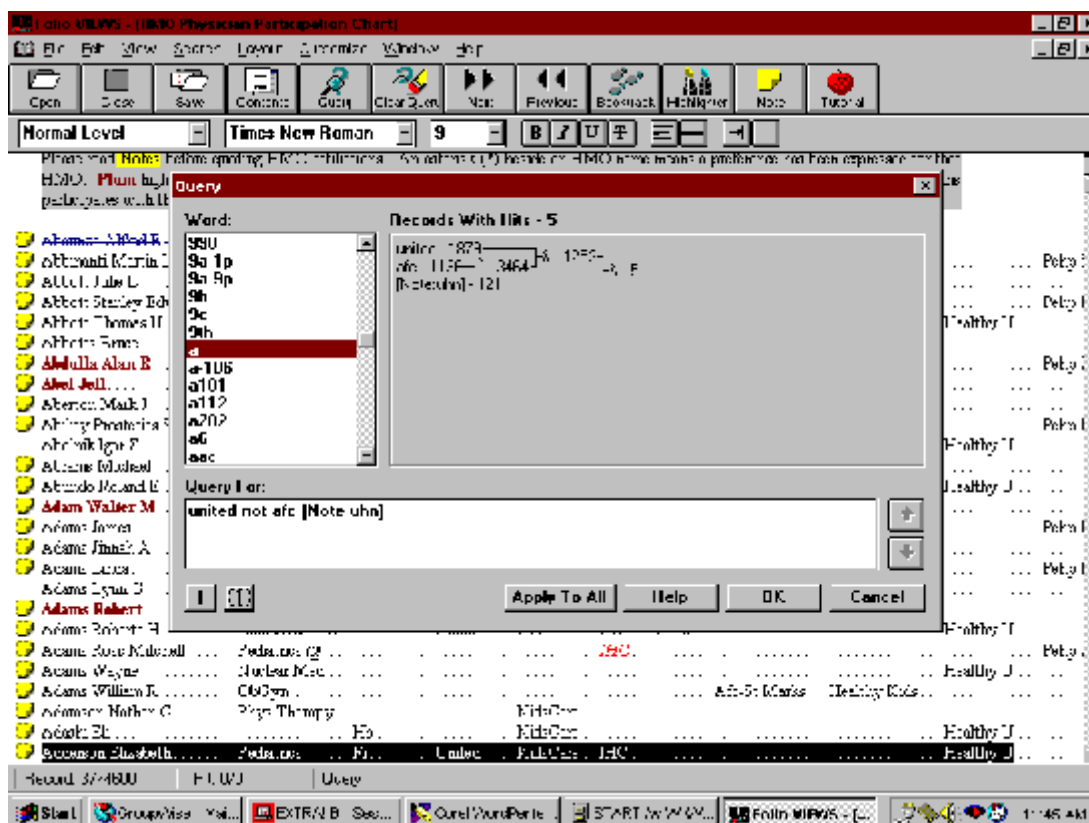
All the podiatrists who are with *BOTH* United and IHC will be found. This would be useful if someone is changing say from United to IHC next month and they need to find a podiatrist they can see now and stay with when they start the new plan. Change the View to Records with Hits and they will all be displayed together.

To do a Query of the information in the Notes you must click on the left and right bracket buttons in the lower left of the query window. Click on the left bracket and notice that the Word column has changed to a Scope column.

The screenshot shows the 'Folio VIEWS [HMO Physician Participation Chart]' application. The menu bar includes File, Edit, View, Search, Layout, Customize, Window, and Help. The toolbar contains buttons for Open, Close, Save, Contents, Query, Clear Query, Next, Previous, Backtrack, Highlighter, Note, and Tutorial. The status bar at the bottom shows 'Records: 1/13', '-lit 1/3', and 'Query: united ihc podiatry'. The main window displays a list of podiatrists and their associated HMOs. The 'Word' column has been changed to a 'Scope' column.

Podiatrist	Scope	United	IHC	Podiatry	Notes
Clerk Francis J	Podiatry	United	IHC	Podiatry	Notes
Clark Scott A	Podiatry	United	IHC	Podiatry	Notes
Fawson Tomell B	Podiatry	United	IHC	Podiatry	Notes
Gold Glenn S Jr	Podiatry	United	IHC	Podiatry	Notes
Holladay Kim A	Podiatry	United	IHC	Podiatry	Notes
MacKey J Scott	Podiatry	United	IHC	Podiatry	Notes
Schiffgen S Thomas	Podiatry	United	IHC	Podiatry	Notes
Smith Paul W	Podiatry	United	IHC	Podiatry	Notes
Smith Stacey	Podiatry	United	IHC	Podiatry	Notes
Smith Terry D	Podiatry	United	IHC	Podiatry	Notes
Stagg Kelly	Podiatry	United	IHC	Podiatry	Notes
Walker Kevin	Podiatry	United	IHC	Podiatry	Notes
Young J Randall	Podiatry	United	IHC	Podiatry	Notes

You may have a reason to exclude something that is likely to be in many records to narrow the number of hits you find, or to get more specific information. You can exclude information by using the word Not. You may want to find all of the doctors in the Infobase with United that are not also with AFC. Because AFC and United both use the UHN centers, some entries may have UHN listed in the Note. Look closely at the unique way you can enter the specific search criteria. Try it both with and without the word **not** to see the difference.



Clear Query

When you perform a Query the hits remain highlighted. You can remove the highlight and go back to the original screen by using Clear Query on the Toolbelt. Doing so is purely optional.

Next / Previous

These buttons on the Toolbelt are used to take you to the Next or Previous hit when you have performed a Query. When you get to the last hit, it will beep.

Note

Viewing Notes: Double click on the existing “sticky”. The note defaults to a small window, but it is easily expanded to see the entire message by using the click and drag technique on the sides of the window. Be sure to view any note before quoting HMO participation.

Print

Follow the Popup instructions to print the Physician Participation Chart

The screenshot displays the Folio VIEWS application window titled "Folio VIEWS [HMO Physician Participation Chart]". The menu bar includes File, Edit, View, Search, Layout, Customize, Windows, and Help. The toolbar contains icons for Open, Close, Save, Contents, Query, Clear Query, Next, Previous, Backtrack, Highlighter, Note, and Tutorial. The status bar shows "Normal Level", "Arial", "14", and various text formatting icons.

The main content area displays the "PHYSICIAN PARTICIPATION CHART" in large blue letters. Below this, a new internet address is provided: <http://Site.dir.state.ut.us/>. A link is also provided: [Click Here for New Printing Instructions](#).

A "Popup" window is open, displaying the following instructions:

The size of the InDbase has changed and will not print correctly without following these instructions.

Step 1 - File, Print setup -
Select a Laser printer if available. This will print on about 90 pages.
Select Landscape orientation

Step 2 -File, Page Setup -
Select Highlighter attributes - mark with "x"
De-select Popup Links - remove "x"
Set Margins : Top 0.5", Bottom 0.5", Left 1", Right ."

Step 3 - File, Print - Print desired records
Select Records . . . From n To n .

The background of the application shows a list of physicians and their specialties, including Abbott, Stanley Edward, and Abbotts Bruce.

The taskbar at the bottom shows the Start button and several open applications: EXTRA/IB - Ses..., GroupWise - Mail..., Corel WordPerfect..., and START for Win95/NT...

Folio VIEWS [HMO Physician Participation Chart]

File Edit View Search Layout Customize Window Help

Open Close Save Contents Query Clear Query Next Previous Backtrack Highlighter Note Tutorial

PHYSICIAN PARTICIPATION CHART

New Internet address - <http://Sitedir.state.ut.us/>

Click Here for New Printing Instructions

Providers Who Speak Foreign Language: Afrikaans - Af, Arabic - Ar, Cantonese - Ca, Chinese - Ch, Creole - Cl, Czech - Cz, Danish - Da, Dutch - Du, Farsi - Fa, Finnish - Fl, French - Fr, German - Gm, Greek - Gk, Gujarati - Gu, Haitian - Ha, Hebrew - Hb, Hindi - Hi, Indian - In, Italian - It, Japanese - Ja, Korean - Ko, Latvian - La, Lithuanian - Li, Malayalam - Ma, Nepali - Ne, Norwegian - No, Persian - Pe, Polish - Po, Portuguese - Pg, Punjabi - Pu, Russian - Ru, Sign - Si, Spanish - Sp, Swahili - Sl, Swedish - Sw, Swiss - Ss, TCD - Td, Taiwanese - Ta, Thai - Ti, Yoruba - Yo, Ukrainian - Uk, Urdu - Ur, Vietnamese - Vt

IMPORTANT - PLEASE READ:

This list of doctors and their HMO affiliations should only be used to assist a Medicaid /CHIP client in finding out which HMO plan their doctors are associated. This data is not specific about doctors accepting new patients. Clients needing the name of a new doctor should contact their HMO directly.

Please read **Notes** before quoting HMO affiliations. An asterisk (*) beside an HMO name means a preference has been expressed for that HMO. **Flum** highlighter means HPR verified. **Red** highlighter means may take new. **Strikeout** means discontinued. The @ symbol means participates with the VFC (Vaccines for Children) program.

Physician Name	Specialty	United	KidsCare	IHC	Altius	Afc	Healthy Kids	Healthy U	Pehp Kids	Pref Rural
Abbaszadeh Alfred E	Int Med									
Abdunanti Martin L	Fam Prac									
Abbott John L	Int Med									
Abbott Stanley Edward	Psychiatry									
Abbott Thomas H	Pathology									
Abbots Bruce	Pediatrics									
Abdulla Alan R	Int Med									
Abel Jeff	Pulmonary Dis									
Aberton Mark I	Phon Therapy									

Records: 42/4600 Hits: 0/0 Query:

Start EXTRAIB - Ses... GroupWise - Wei... Corel WordPerfect... START Jw 'M/W... Folio VIEWS ... 11:55 AM

The Medicaid HMO columns are:

United
IHC
Altius
Afc
Healthy U

The CHIP health plan columns are:

KidsCare
Healthy Kids
Pehp Kids
Pref Rural

To view the last two columns you may need to click on the line and use your right arrow key. Note: If you have added the Horizontal Scroll Bar you will be able to scroll right.